

# **Capacity Development and Support Program (CDS)**

**Quarterly Progress Report  
January 1, 2016 to March 31, 2016**

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## ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AOR	Agreements Officer's Representative
APS	Annual Program Statement
BMI	Body Mass Index
CBIMS	Community Based Interventions Monitoring System
CCE	Core Essential Element (SIMS)
CCW	Child Care Worker
CDI	Center for Development Innovation
CDS	Capacity Development and Support Program
CEGAA	Centre for Economic Growth and AIDS in Africa
COP	Chief of Party
CYCW	Child and Youth Care Workers
DATIM	Data for Accountability, Transparency and Impact
DCAT	Digital Capacity Assessment Tool
DOH	Department of Health
DQA	Data Quality Assessment
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Department of Social Development
ECD	Early Childhood Development
ECHS	Early Childhood Household Stimulation
FPD	Foundation for Professional Development
FY	Fiscal Year
GBV	Gender-Based Violence
HETTAS	Health & Education Training & Technical Services
HIV	Human Immunodeficiency Virus
HRM	Human Resource Management
HSRC	Human Sciences Research Council
HTA	High Transmission Area
HTS	HIV testing services
ICT	Information Communication Technology
KKC	Karen Krakowitzer Consulting
KZN	Kwazulu-Natal (province)
M&E	Monitoring and Evaluation
m2m	mothers2mothers
MER	Monitoring, Evaluation and Reporting
MERL	Monitoring, Evaluation, Reporting and Learning
MUAC	Mid-Upper Arm Circumference
NACCW	National Association of Child Care Workers
NACOSA	Networking HIV/AIDS Community of South Africa
NACS	Nutrition Assessment, Counselling and Support

NGO	Non-Governmental Organization
NICDAM	National Institute Community Development and Management
OVC	Orphans and Vulnerable Children
OVCY	Orphans and Vulnerable Children and Youth
PEP	Pre-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMF	Performance Management Framework
QI	Quality Improvement
QM	Quality Management
R	South African Rand
RFP	Request for Proposals
SAG	South African Government
SAM	Severe Acute Malnutrition
SFR	Sub-awardee Financial Report
SIMS	Site Improvement through Monitoring System
SOP	Standard Operating Procedures
SRI	Supportive Referral Initiative
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Advisor
TLAC	Tshwaranang Legal Advocacy Centre
USAID	United States Agency for International Development
USG	United States Government

## PURPOSE AND STRUCTURE OF THE REPORT

This quarterly progress report is a reporting requirement established in the cooperative agreement between the United States Agency for International Development (USAID) and FHI 360. The report provides an overview of project activities and accomplishments that FHI 360's Capacity Development and Support project (CDS) has achieved from January 1 through March 31, 2016. The report is divided into the following sections:

**Section 1: Introduction and Background** gives an overview of the CDS goal, objectives and strategies

**Section 2: Progress on Project Programming** provides details related to the administration of the CDS project, focusing on staffing, stakeholder management and meetings. This section also includes updates on the following four project components:

- **Component 1:**
  - Provides an update on **grants management and partner contracts**, as well as the programming that took place in the reporting period
- **Component 2:**
  - Focuses on the project's achievements in the **institutional capacity development** of indigenous organizations
- **Component 3:**
  - Reviews CDS capacity development **assistance to the South African Government (SAG)**, with a focus on recruitment and placement of Technical Advisors (TAs) as well as the CDS **Nutrition, Assessment, Counselling and Support (NACS)** program
- **Component 4:**
  - Summarizes the project's **monitoring, evaluation, research and learning (MERL)** activities, with updates on evaluations and assessments

**Section 3: Financial Management** provides a summary of project finance management data for the period of performance, including expenditures

# SECTION I: INTRODUCTION AND BACKGROUND

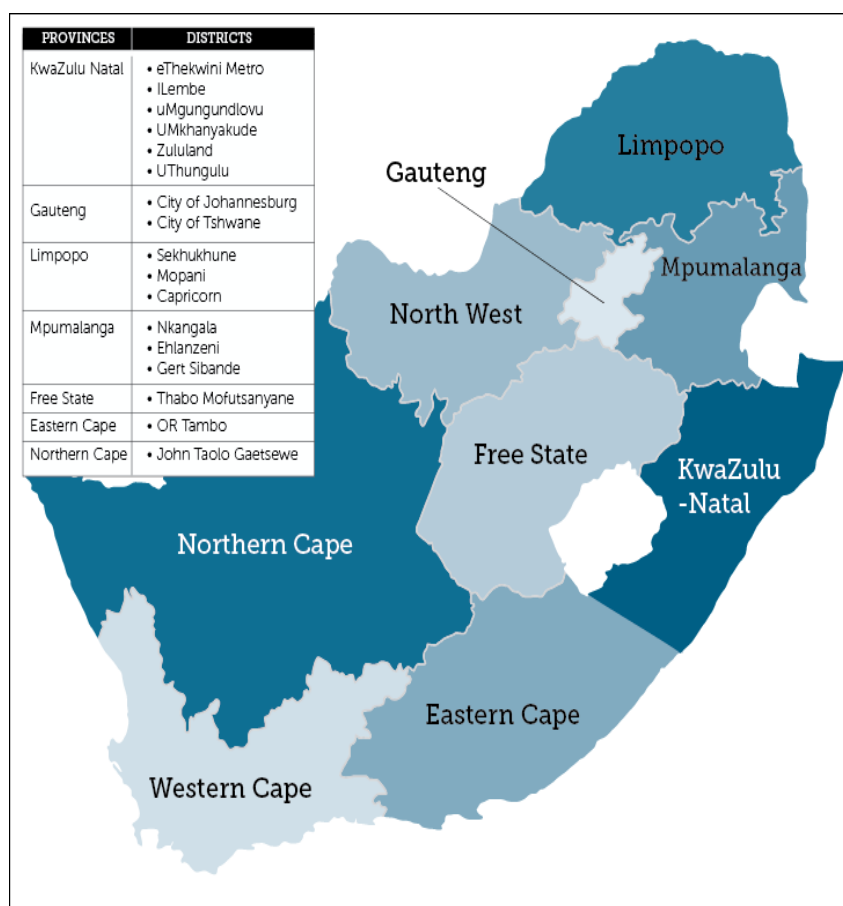
## Program Overview

The CDS project was awarded to FHI 360 by USAID on June 10, 2014 under Cooperative Agreement No: AID-674-A-14-00009. The five-year award focuses on developing the organizational management, technical capacity, and sustainability of local non-governmental organizations (NGOs) and South African Government (SAG) departments in order to sustain an improved, expanded, and country-led response to HIV and AIDS. CDS is managed and led by FHI 360 and implemented with support from consortium partners, Deloitte South Africa and Foundation for Professional Development (FPD). CDS is designed to support the achievement of the goals in the President's Emergency Plan for AIDS Relief (PEPFAR) Partnership Framework Implementation Plan.

## Geographic Scope

The CDS project is implemented in PEPFAR 3.0 high HIV prevalence priority districts within six provinces: KwaZulu-Natal, Gauteng, Limpopo, Mpumalanga, Free State and Eastern Cape. In addition, one research activity is being conducted in the Northern Cape.

### Geography of CDS project implementation



## Program Objectives and Components

The CDS project has the following strategic objectives:

1. Support the provision of sustainable high-quality services in HIV and AIDS in South Africa through strategic approaches that address specific needs with practical and pragmatic business plans for implementation
2. Develop sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and high quality services
3. Enhance local sub-partners' capacity in treatment, care (including support of orphans and vulnerable children) and prevention
4. Strengthen the overall health and social services system

Project activities are organized by the following program components:

1. Grant award and management
2. Institutional capacity development of indigenous organizations
3. Capacity development assistance to SAG
4. MERL

## Capacity Building Approach and Methodology

The CDS project utilizes a broad and flexible capacity strengthening methodology that incorporates a wide range of tools and approaches that are selected according to their suitability to meet the needs of specific requests received from USAID and SAG. CDS has ensured accountability for results by developing meaningful indicators and benchmarks for measuring project outcomes and results. The CDS capacity development methods include the following:

- Standardized trainings fill universal capacity gaps among CDS sub-recipients and other NGO partners, incorporating competency-based training principles and follow-up support to ensure application of new knowledge.
- Tailored trainings are customized to focus on a department or organization's specific needs and challenges, and develop skills and competencies to address them effectively.
- Mentoring and coaching provides technical and functional specialists, whether through secondment or regular mentoring visits, to teach and support individuals and units within an organization to respond to current needs and challenges, and develop skills to analyze and respond to future needs and challenges independently.
- Communities of practice include physical and virtual spaces for relevant stakeholders to discuss issues and challenges, share tools and resources, exchange information and



lessons learned, and ultimately develop greater capacity for collective learning and problem solving.

## **Program Monitoring**

The CDS program monitoring focuses on the following approaches:

- Measurement of program progress through the collection, management, analysis, and use of data, while also tracking progress on performance indicators for established targets
- Provision of feedback for accountability, learning and quality through a range of activities and processes that encourage data use for timely, evidence-based decision-making
- Data quality assurance through the use of a rapid validity check using the Data Verification Tool

## SECTION 2: PROGRESS ON PROJECT PROGRAMMING

This section focuses on operational activities of the CDS project, such as staffing, grants management and partner contracts, consortium steering committee meetings, and stakeholder management meetings. This section also highlights progress and activities implemented under components one to four during the reporting period.

### Staff Recruitment

The table below summarizes the recruitment status of the positions that were filled or were in the process of being recruited in the reporting quarter. Several new positions were posted that will be based in KwaZulu-Natal, as CDS plans to open a satellite project office to support a growing number of sub-recipients and project activities in the province.

#### CDS staff recruitment status<sup>1</sup>

Position	Roles and Responsibilities	Status
Monitoring and Evaluation (M&E) Capacity Building Manager	The M&E Capacity Building Manager will take the lead in providing capacity development support to NGOs and SAG units on strategic M&E systems.	Started February 1, 2016
Knowledge Management and Communication Manager	The Knowledge Management and Communication Manager will coordinate the roll-out, implementation and technical documentation outlined in the CDS Knowledge Management and Communication Framework.	Started January 4, 2016
Research Officer	The Research Officer will support the CDS project in responding to internal and external requests to undertake research and evaluation studies. He/she will be responsible for the design, planning, implementation, and reporting of high quality research as well as program evaluation studies.	Started January 4, 2016, but resigned in March 2016; recruitment to fill the position is underway
Grants Officer	The Grants Officer will provide administrative support on efficient grants and contracts to monitor and ensure full compliance with USAID rules and regulations.	Started January 25, 2016
Program Manager	The Program Manager will support and facilitate implementation of Determined, Resilient, Empowered, AIDS-	Advertised

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<sup>1</sup> Details on recruitment of Technical Advisors for the South African Government are reported in Component Three

Position	Roles and Responsibilities	Status
	free, Mentored, and Safe (DREAMS) interventions under the direction of the Senior Program Manager.	
Quality Improvement (QI) Specialist	The QI Specialist will develop and implement quality improvement and assurance tools, plans and processes.	Advertised
Sustainability Specialist	The Sustainability Specialist will assess, evaluate and provide strategic sustainability planning for implementing partners.	Advertised
HIV Care and Treatment Specialist	The HIV Care and Treatment Specialist will ensure delivery of effective HIV prevention, care and treatment programs by implementing partners.	Advertised
Training Coordinator	The Training Coordinator will coordinate the delivery of integrated training, mentorship and workshops.	Advertised
Logistics Associate Officer	The Logistics Associate Officer will ensure timely preparation of logistical arrangements for implementation of CDS activities.	Advertised
Senior Finance Officer	The Senior Finance Officer will provide financial management, including sub-recipient financial reporting, in KwaZulu-Natal.	Advertised
Finance Officer	The Finance Officer will support the Senior Finance Officer in monitoring of and support to sub-recipients in KwaZulu-Natal.	Advertised
Monitoring and Reporting Assistant	The Monitoring and Reporting Assistant will coordinate NACS data collection, acquisition, collation and submission at selected sites in KwaZulu-Natal.	Advertised
Program Officer	The Program Officer will support and facilitate the implementation of project activities in KwaZulu-Natal.	Advertised
Professional Driver	The Professional Driver will provide transportation services in KwaZulu-Natal.	Advertised

## CDS Strategic Planning Workshop

CDS held a Strategic Planning Workshop with all project staff<sup>2</sup> from January 12-15, 2016, in Limpopo, South Africa, to promote internal learning and collaboration, and discuss ways of improving the project's performance. The Strategic Planning Workshop included presentations and discussions on knowledge management and communication, data quality

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<sup>2</sup> A representative from consortium partner Foundation for Professional Development also attended the workshop.

assessment finding, Site Improvement through Monitoring System (SIMS) and Data for Accountability, Transparency and Implementation (DATIM), and expenditure analysis. The meeting resulted in the development of:

- A project-specific Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, with action steps addressing weaknesses
- A project implementation plan, with detailed activities, timelines and responsibilities

CDS staff also conducted site visits to NACS and Early Childhood Household Stimulation (ECHS) sites, providing all staff the opportunity to experience the project's programmatic work within communities. The site visits supported the development of the CDS implementation plan and provided initial insights into support areas for the upcoming SIMS assessments.

CDS consolidated recommendations made throughout the workshop and allocated responsibilities to foster ongoing improvement within the project. Recommendations included improving internal planning and communication, ensuring implementation of methods to measure the results of capacity support, and improvement of internal processes to maximize project performance. Specific examples include:

- Analyze the cost-benefit of partner programs and models, including the cost per beneficiary
- Share best practice case management tools among ECHS partners
- Improve gender mainstreaming across programs, such as NACS
- Improve measurement of CDS capacity development support, including use of applicable tools and standard operating procedures
- Improve collaboration among CDS teams, particularly when conducting site visits to partners
- Incorporate SIMS core essential elements (CEEs) into regular technical assistance to partners and incorporate elements into program tools



*CDS technical team works on its implementation plan at the strategic planning workshop*

## Meeting with CDS Agreement Officer's Representative

The CDS Agreement Officer's Representative (AOR) meeting was held on February 10, 2016. CDS provided a comprehensive update on the project's achievements to date. Discussion and action points included the following:

- **ECHS beneficiary reach and targets:** By September 2016, 90% of the children reached by the ECHS program should know their HIV status under the PEPFAR OVC\_SERV indicator. CDS will develop a strategy to increase its OVC\_SERV targets by 50% for year two implementation.
- **SIMS:** USAID plans to conduct SIMS visits with all ECHS partners between April and May 2016.
- **NACS:** CDS should consider reducing the number of NACS sites supported to maximize the results of the team's support, as well as layer its work with other services delivered in the same areas, such as DREAMS. CDS should also ensure alignment with PEPFAR 3.0, and include community linkages.
- **PEPFAR organizational capacity training:** CDS will send the AOR an updated calendar for training sessions, including information on the courses to be offered and the registration procedure.
- **Funding:** CDS should consider maximizing the benefit of increased funding due to South Africa's exchange rate fluctuation.

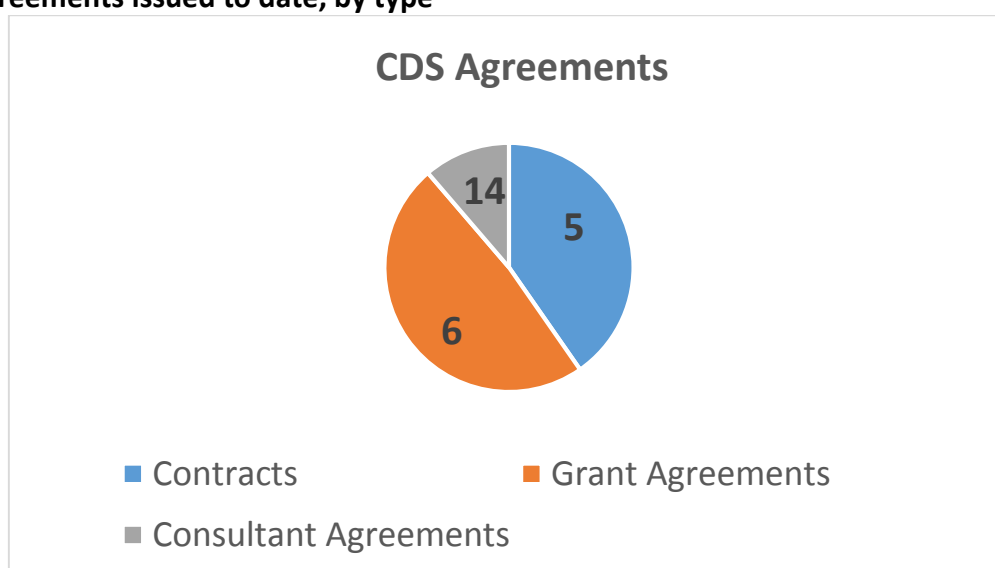
## Component One: Grant Award and Management

The activities of Component One are responsive to CDS strategic objectives one and four, and aim to ensure efficient and accountable administration of grant funding to support service delivery and scale-up.

### Contracts, grants and consultant agreements

CDS has issued a total of 25 agreements to date: 5 contracts; 6 grants and 14 consultant agreements. No new agreements were issued in quarter two but progress was made toward finalizing agreements with partners for the Supportive Referral Initiative (SRI), as well as several other Annual Program Statements (APSs) and Requests for Proposals (RFPs).

#### CDS agreements issued to date, by type



#### Supportive Referral Initiative APS

CDS concluded the technical approach and budget negotiations with three organizations to deliver the SRI in quarter two. The contracting process for the selected organizations is being finalized.

#### SRI partner organizations

Organization	Objectives	Status	Funding
FPD	<b>Objective 1:</b> Train and mentor 700 child care workers (CCWs) from two NGOs on HIV testing services (HTS)	Incremental funding modification processed for year two, including SRI activities	Integrated into overall funding as a consortium partner

Organization	Objectives	Status	Funding
	<b>Objective 2:</b> Strengthen referrals and linkages		
<b>National Institute Community Development and Management (NICDAM)</b>	<b>Objective 1:</b> Train and mentor 300 CCWs from 13 NGOs on HTS	Grant agreement issued for April 1, 2016 to September 30, 2017	R5,194,693
<b>Humana People to People</b>	<b>Objective 1:</b> HTS and condom promotion and provision	Grant agreement issued for April 1, 2016 to September 30, 2017	R46,284,087

### Additional APS and RFPs in process

CDS made progress on two APS and four RFPs in quarter two.

### APS and RFPs in process

APS/RFP	Date advertised	Applications received	Non-compliant applications	Pre-award assessment date	Selected organizations	Next steps
Isibindi Mid-term Evaluation (RFP)	Jan 8, 2016	12	2	Feb 29, 2016	Mott McDonald	Finalize agreement and conduct kick-off meeting in April 2016
Community Based HTC Initiative (APS)	Jan 12, 2016	11	8	Mar 8-9, 2016	Humana People to People South Africa	Finalize agreement and conduct kick-off meeting in April 2016
Visibility Analytics Network (RFP)	Jan 14, 2016	1	0	Mar 1, 2016	EOH	Finalize agreement and conduct kick-off meeting in April 2016

APS/RFP	Date advertised	Applications received	Non-compliant applications	Pre-award assessment date	Selected organizations	Next steps
NACS Technical Review (RFP)	Feb 5, 2016	4	1	TBD	TBD	In discussion with USAID regarding conducting external or internal review
Community Mobilization & Norms Change and Post Violence Care (DREAMS) (APS)	Mar 20, 2016	In process	TBD	TBD	TBD	The APS closing date is April 18
Vhutshilo 1 and 2 Updates (RFP)	Unsolicited on USAID request	TBD	TBD	Mar 22, 2016	Health & Education Training & Technical Services (HETTAS)	Finalize agreement and conduct kick-off meeting in April 2016

### Agreement modifications

In quarter two, CDS conducted three consultant modifications providing no cost extensions to the following consultants to finalize their agreed scopes of work:

- Tamara Braam for the South Africa PEPFAR Gender Analysis, until April 30, 2016
- Karen Krakowitzer Consulting for sustainability training for orphans and vulnerable children and youth (OVCY) and CDS partners, until April 30, 2016
- Hasina Subedar as DREAMS coordinator, until April 15, 2016<sup>3</sup>

CDS also modified its agreement with Tshwaranang Legal Advocacy Centre (TLAC) to increase the obligation amount and provide additional time to complete the second and final phase of

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<sup>3</sup> CDS has recommended Hasina Subedar as the preferred candidate for the DREAMS Technical Advisor at the Department of Health. See [Component Three](#) for more information.



the project. The project is a community-driven intervention addressing alcohol abuse and gender-based violence.

### Lessons learned, challenges and measures to address them

- **Applicants failing to adhere to solicitation requirements:** CDS conducts pre-submission workshops to explain to prospective applicants the APS solicitation process and provide a platform for prospective applicants to ask questions.
- **Low numbers of applications on some of APS/RFPs:** CDS uses a number of media communication methods to ensure wider coverage, including targeting district newspapers rather than national newspapers only. In addition, CDS targets organizations already providing services in APS/RFA programmatic areas.
- **Lengthy grant/contract negotiation stage:** CDS strives to maintain an efficient negotiation process by conducting meetings with the shortlisted organizations to provide technical support and finalize the program description. Additionally, CDS provides shortlisted organizations with required information (such as distribution of targets) as early as possible.
- **Inadequate organizational capacity:** Some applicant organizations do not have adequate financial management systems and HRM systems for required checks such as for terrorism/debarment. CDS addresses this by including specific conditions into the grant agreements and providing capacity support to address gaps.

## Component Two: Institutional Capacity Development of Indigenous Organizations

The activities reported under this component are responsive to CDS strategic objective two and aim to increase the technical and organizational capacity of South African NGOs.

### *Technical*

### Gender

#### TLAC: Community Response Addressing Violence against Women

CDS, through a sub-award to TLAC, is delivering a “Community Response Addressing Violence against Women” in the Ga-Segonyana local municipality in South Africa’s Northern Cape Province. The project has two phases: Phase One is a situational analysis aimed at understanding the magnitude of alcohol abuse and violence against women, and Phase Two is developing and piloting a community-based approach to address alcohol-related gender-based violence (GBV).

In quarter two, TLAC disseminated the Phase One findings to obtain buy-in of the pilot intervention from key stakeholders.<sup>4</sup> Phase Two commenced in February 2016, with implementation of the interventions in targeted communities. TLAC’s approach, based on the social ecological model, addresses violence in the context of complex interactions at four levels, among individual, relationship, societal and community factors.<sup>5</sup>

Phase Two key activities include:

- Disseminate key findings and recommendations of the situational analysis
- Conduct roundtable discussions on the linkages between excessive alcohol use and gender-based violence
- Conduct training workshops on laws and regulations governing alcohol-related issues, targeting the South Africa Police Service, community representatives, the Liquor Licensing Authority, and tavern and shebeen owners
- Hold an integrated training workshop on gender and gender-based violence, including laws and policies, targeting service providers such as police, social workers and health care workers
- Conduct training on access to services, targeting health care workers and peer educators

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<sup>4</sup> USAID approved the Phase One report in February 2016.

<sup>5</sup> Read more about the social-ecological model and how it is applied to preventing violence at: [www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html](http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html)

- Conduct advocacy campaigns targeting different segments of the community using entry points such as taverns and shebeens, schools, youth groups, parent groups and the Liquor Licensing Authority.

TLAC identified activities that focus on the interplay and complexity of the four levels of the social ecological model to promote sustained behavior change.<sup>6</sup> Early observations from Phase Two implementation include the recognition of complex dynamics across levels related to alcohol abuse, HIV and gender-based violence. Alcohol use, if not managed in the community, increases the risk of violence and HIV. There is a need to analyze these links further, and to manage and address these issues simultaneously during the implementation phase. It is noted that young people, particularly young women, are most at risk for all of these factors. Phase Two of the activity will be concluded by July 31, 2016.

### Gender Mainstreaming curricula

CDS conducted a pilot of the gender mainstreaming curricula with seven participants from two of its ECHS partners, mothers2mothers and HOPE worldwide, from February 17-18, 2016. Participants included trainers and program/project managers and coordinators. The workshop guided CDS partners to ensure that gender integration occurs, is implemented efficiently, and maximizes the potential for impact. The curricula covers the following four modules:

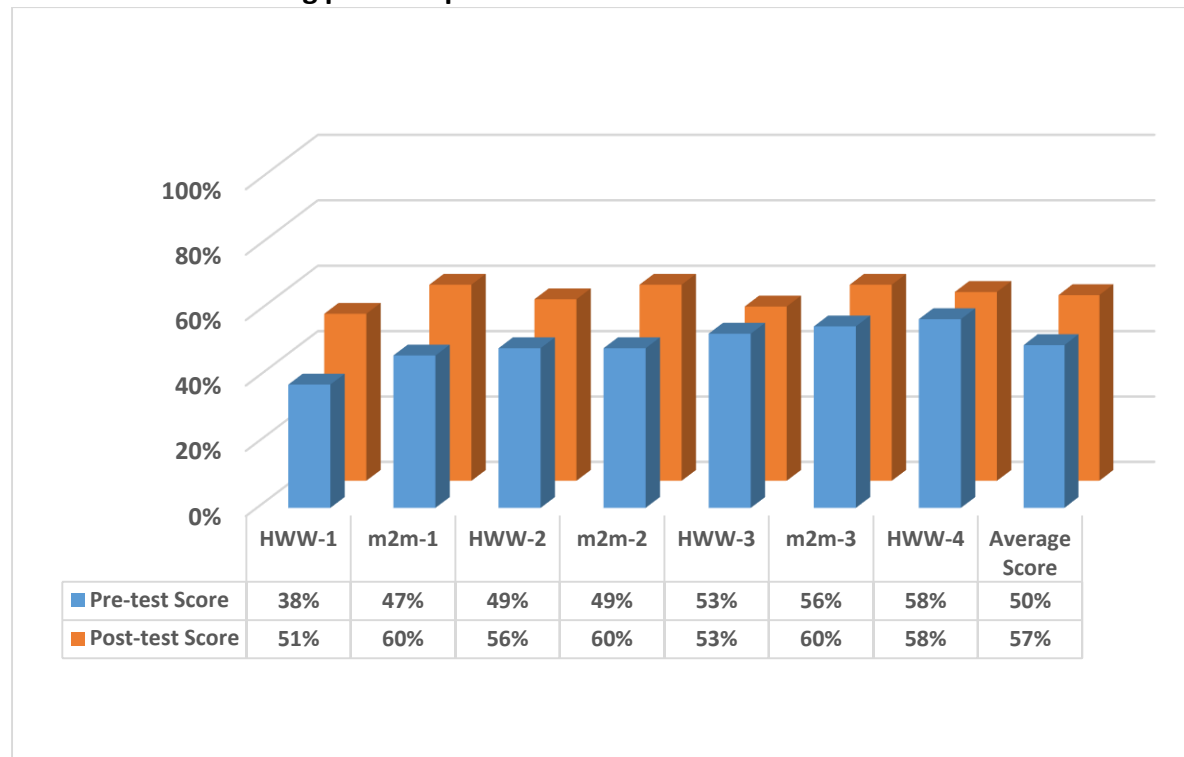
- Sex and gender
- Gender sensitive programming: what management needs to know
- The why and the how
- Planning and budgeting

Participants demonstrated an overall 7% increase in knowledge of gender concepts and gender sensitive programming after the workshop. This limited improvement in knowledge may be due to the fact that gender mainstreaming is a new concept for most participants, and the time allocated to the workshop was not adequate to fully comprehend and apply the concepts. CDS will conduct further analysis of these results to identify challenges in understanding and revise the curricula and workshop accordingly.

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<sup>6</sup> These include individual, family and relationship, community and society.

## Gender mainstreaming pre- and post-test assessment results



Anonymous participant feedback from the evaluation forms indicated that for six of the seven participants, this was their first opportunity to discuss gender mainstreaming and its impact on organizational development. Feedback on the training was generally positive and participants noted that:

- The training provided a better understanding of the need to integrate gender imperatives in development work
- They appreciated the opportunity to share experiences and common challenges in integrating gender into organizational development planning
- The workshop exercises stimulated valuable discussions and helped them to think through issues
- Exercises were user-friendly and relevant to the work they do on a day-to-day basis

The workshop provided participants with a clear understanding of next steps needed in reviewing their programs with a broader gender perspective and identifying suitable policy options for their needs.

Lessons learned from this pilot will inform revision of the curricula in preparation for a workshop with all ECHS partners and follow-on technical assistance in quarter three. These lessons include:

- Gender mainstreaming is a new concept for most participants, which requires allocation of additional time (at least five days) to adequately engage in practical exercises and discussion of application
- The curricula and training materials are comprehensive, providing information on basic concepts as well as guidance and practical tools to apply gender mainstreaming in partner organizations and programming
- Each partner is different, requiring customized support regarding achieving gender mainstreaming at institutional and programmatic level; the training alone is not sufficient to ensure gender considerations are adequately addressed

***Participant's comments:***

"I recommend that all organizations who are working with the community should get this training."

"Amazing facilitation with good/excellent engagement skills...highly commendable"

"I feel overwhelmed and empowered. I'm already thinking about how I'm going to implement what I've learnt and make it more practical."

"Highly informative and insightful."

## South Africa PEPFAR Gender Analysis

At the request of USAID, CDS conducted a gender analysis on all PEPFAR programs in South Africa as part of a larger study on gender issues in the country. The overall study was divided into two components: a systematic literature review commissioned by the Centers for Disease Control and Prevention and conducted by the Human Science Research Council, and a qualitative study commissioned by USAID and undertaken by CDS. The purpose of the analysis undertaken by CDS was to review key gender issues and gender-based constraints in South Africa, assess the institutional context supporting gender integration into the PEPFAR country program, and offer conclusions and recommendations to strengthen the PEPFAR response in South Africa. The gender analysis was completed at the end of March 2016, and final report will be submitted to USAID in April 2016.

The **systematic literature review** findings highlighted the complex dynamics that contribute to new HIV infections, and the necessity for multifaceted approaches that address HIV prevention, including psychosocial and other support necessary for individuals, families, communities and social actors with respect to people living with HIV (PLHIV), including PLHIV in key populations. The findings will inform PEPFAR programming in relation to gender and HIV, while also pointing to gaps in the literature that have a bearing on program design. The following gaps were identified: early sexual debut, sexual abuse and exploitation; transactional sex and sexual exploitation; teenage pregnancy, contraception and condom use; HIV testing, disclosure and antiretroviral treatment; school-based and family programs; substance abuse; and gender-based violence.

The **qualitative research component** comprised a rapid assessment, drawing on the insights and experiences of PEPFAR managers, stakeholders and beneficiaries in seven HIV priority districts: eThekweni, uMgungundlovu, Ekurhuleni, Sedibeng, City of Cape Town, Gert Sibande and Bojanala Platinum. CDS conducted 28 key informant interviews and 14 focus groups from 12 prime partners covering a range of programming currently funded by PEPFAR. The rapid assessment demonstrated that gender inequalities, poverty, racism, economic disparities and other differentiating social fractures define the landscape in which HIV programming takes place in this context. Despite an enabling legal and policy framework, South Africans continue to grapple with gender inequalities at different levels, which undermine autonomy in relation to sexuality, and fuel vulnerabilities related to HIV.

As a result of the gender analysis, the following recommendations were proposed as priorities for PEPFAR:

- Implement an approach for the rollout of the UNAIDS 90-90-90 goals that integrates gender analysis tools and uses information collected on a quarterly basis to respond concretely to emerging issues around gendered social norms
- Engage with SAG on how gender responsiveness can be integrated into technical assistance for health systems strengthening
- Use DREAMS and complementary gender-responsive prevention programming to strategically respond to gendered social norms in ways that are contextually relevant and span different levels of the social ecological model
- Review existing internal processes, systems and tools to strengthen programming accountability for gender outcomes

In summary, the research team recommends using gender integration to strengthen PEPFAR's current strategic trajectory and operational functioning. It is critical to use common programming linkages such as social norms to build strategic cohesion, while finding ways to continually use gender analysis tools to sharpen, deepen and widen impact. Upon USAID approval, the gender analysis report will be shared with key stakeholders.

## Early Childhood Household Stimulation

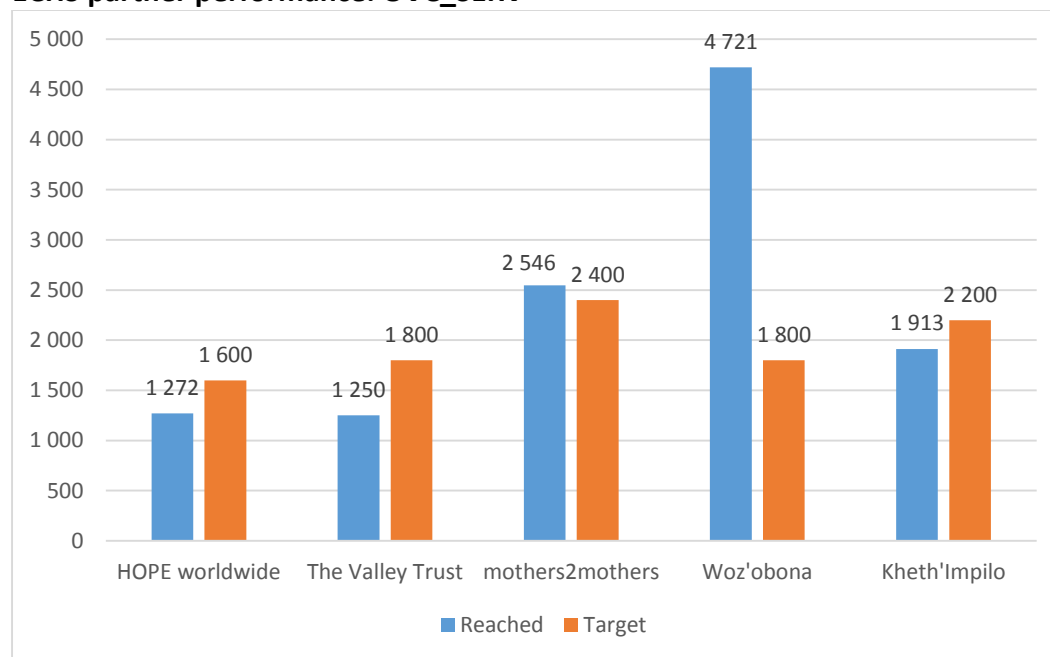
CDS is partnering with five civil society organizations to deliver the ECHS program in priority areas which have high HIV prevalence and household vulnerability. These partners employ home visitors who are trained in ECHS activities, HIV, psychosocial support, household profiling and case management. They link beneficiaries to other service providers and capture the information needed to monitor and evaluate the efficacy of the program.

### ECHS program service delivery

OVC programs contribute to the UNAIDS 90-90-90 targets by addressing enabling factors to prevention, care and treatment. The OVC\_SERV indicator tracks basic program coverage,

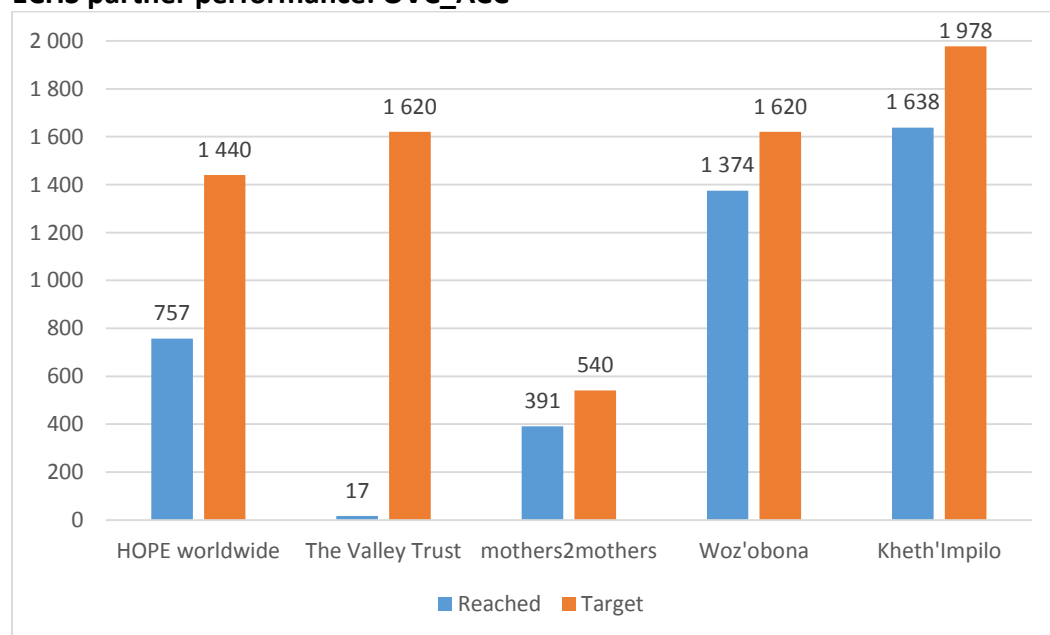
while the OVC\_ACC indicator provides critical information on how the OVC programs support beneficiaries to access HIV clinical services. The diagram below illustrates ECHS partners' performance data on these two PEPFAR indicators for the period October 2015-March 2016:

#### ECHS partner performance: OVC\_SERV



Overall, ECHS partners are making good progress in achieving their targets for OVC\_SERV. Woz'obona exceeded its target by more than 100% because the projected target for the given geographic areas was too low, and the organization enrolled many additional households, providing services to all members of those households.

#### ECHS partner performance: OVC\_ACC



Most ECHS partners are also making good progress in achieving their targets for OVC\_ACC. TVT's low achievement against its target is related to a reluctance by home visitors to discuss sexual behavior and HIV and AIDS. To address this issue, TVT has committed to provide its home visitors with intensified mentoring and coaching, including discussing challenges encountered in households and conducting roleplays for problem-solving. CDS anticipates that its provision of HIV training will assist TVT to improve its performance, and will monitor its progress closely in quarter three.

ECHS partner targets for OVC\_SERV will increase from September 2016. In quarter two, CDS analyzed partner service delivery ratios (the ratio of home visitors to households receiving services), and supported partners to make necessary adjustments in their year two staffing, workplans, targets and budgets, in order to ensure that every household receives high-quality support at least once every two weeks.

### ECHS partner implementation progress

Partner	Quarter two progress	Plans for quarter three
<b>HOPE worldwide</b>	<ul style="list-style-type: none"> <li>Reached a cumulative of 1,272 beneficiaries with services, and referred 757 individuals for HIV services.</li> <li>Trained home visitors in key ECHS concepts and messages: building caregiver self-esteem, positive parenting principles and play and development</li> </ul>	<ul style="list-style-type: none"> <li>Finalize outstanding policy documentation in preparation for SIMS</li> <li>Recruit additional staff to achieve new targets</li> <li>Resolve Community Based Interventions Monitoring System (CBIMS) challenges</li> </ul>
<b>Kheth'Impilo</b>	<ul style="list-style-type: none"> <li>Reached a cumulative of 1,913 beneficiaries with services, and referred 1,638 individuals for HIV services.</li> <li>All data is captured on the CBIMS database</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of staff as per the new organogram and re-contracting of the existing staff</li> <li>Recruitment of additional children and caregivers to achieve the revised targets</li> </ul>
<b>mothers2mothers</b>	<ul style="list-style-type: none"> <li>Reached a cumulative of 2,546 beneficiaries with services, and referred 391 individuals for HIV services.</li> <li>Updated child care management plans based on the findings by family mentors</li> <li>11 family mentors and the district coordinator attended workshops on "Basic</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of additional programmatic, specialized and technical project team members</li> <li>Pre-service training for 19 family mentors and three community coordinators</li> <li>Training workshops to all family mentors and coordinators</li> <li>Household profiling and client recruitment</li> </ul>



	Counselling” and “Children’s Rights in South Africa”	<ul style="list-style-type: none"> <li>• Purchase of uniforms with correct branding as per approved Branding and Marketing Plan</li> </ul>
<b>The Valley Trust</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative of 1,250 beneficiaries with services, and referred 17 individuals for HIV services.</li> <li>• Completed recruitment of a social worker</li> <li>• Formalized partnerships with the Department of Health and University of KwaZulu-Natal</li> </ul>	<ul style="list-style-type: none"> <li>• Complete recruitment of home visitors and supervisors</li> <li>• Implement psychosocial support for caregivers (psychologist, safe parks) and home visitors (debriefing forums)</li> <li>• Set up mobile toy libraries</li> <li>• Increase frequency of home visits and referrals for HIV services</li> </ul>
<b>Woz’obona</b>	<ul style="list-style-type: none"> <li>• Reached a cumulative of 4,721 beneficiaries with services, and referred 1,374 individuals for HIV services.</li> <li>• 14 home visitors and 2 supervisors were trained by the local clinic on how to use the Road to Health Booklets</li> <li>• 7 Home visitors were trained on how to conduct TB screening</li> </ul>	<ul style="list-style-type: none"> <li>• Increase focus on activities to meet the UNAIDS 90-90-90 goals by collaborating with HUMANA to provide HTS</li> <li>• Conduct a TB screening campaign</li> <li>• Launch Woz’obona website, Facebook page and twitter links to promote organizational sustainability and program messaging</li> </ul>

### ECHS Minimum Package

CDS has developed a minimum package to capture the core, minimum components and interventions which should be part of ECHS programs. The minimum package is currently in the format of an assessment tool with seven domains, based on the revised ECHS model that now includes economic strengthening. The model was updated to include household and individual interventions that focus on social protection, asset protection and income growth to benefit households and reduce the vulnerability of children and youth.

The ECHS minimum package can be utilized to assess organizational programs as well as determine how comprehensively individual households and caregivers are being served by these programs. It has the capacity to be expanded and adapted for use by implementing organizations, funders, or assessors. The tool will be piloted and finalized in quarter three.

## ECHS partner kick-off meeting

CDS held an ECHS partner kick-off meeting from January 20-21, 2016, in Johannesburg. A total of 23 participants representing all five ECHS partners attended the meeting. The meeting provided a platform to review year one implementation plans and share achievements, as well as discuss finalization of year two implementation plans and budgets. CDS presented the ECHS minimum package, and partner feedback was used to refine the tool. CDS also oriented partners on the upcoming SIMS process. Partners were introduced to the SIMS Community Master Tool, and supported to:

- Identify applicable CEEs in line with their program implementation
- Better understand the importance of improved and consistent documentation
- Appreciate the need for adherence to PEPFAR standards and provision of high-quality service delivery

Participants agreed to review the SIMS tool and begin preparing for the upcoming assessments. CDS agreed to standardize program management meetings and support visits, creating a schedule to allow for better planning and coordination.

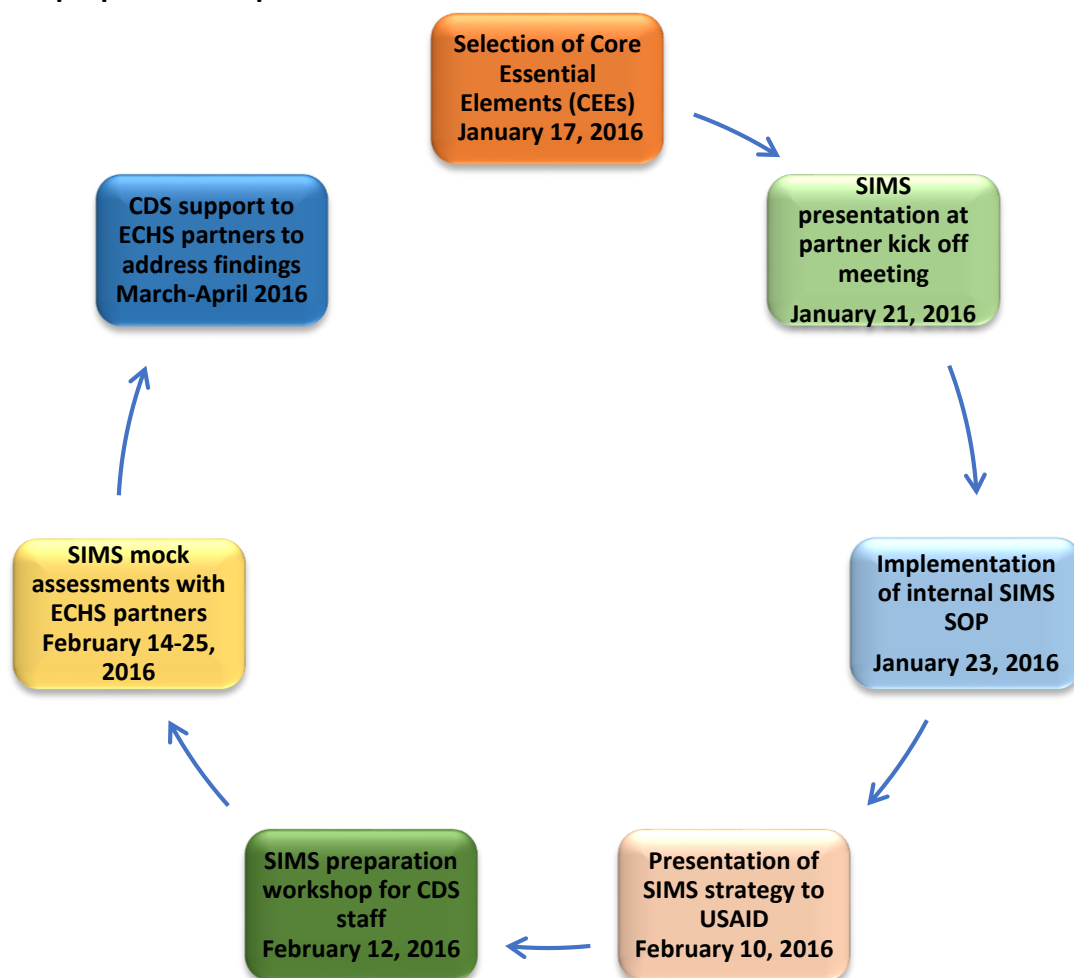
## SIMS preparation

Following the ECHS partner kick-off meeting, CDS developed an internal SIMS standard operating procedure (SOP) to guide both the partners and CDS in preparing for the SIMS assessments. CDS provided systematic support, guidance and assistance to partners on application of relevant components of the SIMS Community Tool. The graphic below illustrates CDS' approach to SIMS preparations with each ECHS partner.

***"We are now growing in ways that may have taken us years to achieve without CDS."***

S'bongiseni Vilakazi, Executive Director of The Valley Trust, at the kick-off meeting

## CDS preparation of partners for SIMS



As part of the preparation, CDS conducted mock SIMS assessments with all five ECHS partners from February 14-25, 2016, to assess partners' preparedness for SIMS, identify gaps, and assist them to address weaknesses.

The mock SIMS exercise was a facilitated, participatory and interactive self-assessment process involving both CDS and partner staff, including program/technical, monitoring and evaluation, and finance staff. It included an orientation of partners on the SIMS tool, rigorous verification of relevant documents and a review of scores, as well as discussion on the implications of each score. A report for each partner was compiled and presented at the end of the mock session to gain consensus on key observations, recommendations and required action steps.

A number of common strengths and weaknesses were observed among partners. Overall, the CEEs pertaining to referrals and tracking, gender mainstreaming, HIV prevention, stigma and discrimination, case management and child safeguarding were found to be weak, with inadequate documentation in place. The mock SIMS assessment provided detailed action plans for partners to address gaps, and CDS has provided support to address many of the cross-cutting gaps common to all partners. This includes providing feedback on outstanding

documents, including strategies and SOPs, which require updating, revising or developing for implementation and compliance with SIMS.

#### Mock SIMS assessment gaps and actions

Common gaps	ECHS partner actions	CDS support planned/provided
<b>Referral and Tracking</b>	<ul style="list-style-type: none"> <li>– Develop and customize SOPs for referrals and referral tracking</li> <li>– Implement written SOP to strengthen existing process</li> <li>– Update and standardize tools</li> </ul>	<ul style="list-style-type: none"> <li>– Provided a generic referral and tracking SOP</li> <li>– Provided feedback and suggestions on existing referral tools</li> </ul>
<b>Gender Norms/ Mainstreaming</b>	<ul style="list-style-type: none"> <li>– Train staff on gender mainstreaming</li> <li>– Finalize GBV SOP and provide staff orientation</li> </ul>	<ul style="list-style-type: none"> <li>– Supported development of GBV SOP</li> <li>– Conduct gender mainstreaming training for all partners (April 2016)</li> </ul>
<b>OVC (ECHS)</b>	<ul style="list-style-type: none"> <li>– Update existing case management tools and ensure consistent implementation</li> </ul>	<ul style="list-style-type: none"> <li>– Provide orientation on the use of a case management approach and QI and quality management (QM) (April 2016)</li> </ul>
<b>Child Safeguarding</b>	<ul style="list-style-type: none"> <li>– Develop and implement child safeguarding policy</li> <li>– Train staff on policy and confidentiality issues</li> </ul>	<ul style="list-style-type: none"> <li>– Distributed best practice child safeguarding policy guidelines</li> </ul>
<b>Stigma and Discrimination</b>	<ul style="list-style-type: none"> <li>– Finalize written stigma and discrimination policy and train staff on policy</li> <li>– Implement various ways of reporting abuse</li> </ul>	<ul style="list-style-type: none"> <li>– Provided a sample of a generic stigma and discrimination policy for customization</li> </ul>
<b>HIV Prevention and Nutrition</b>	<ul style="list-style-type: none"> <li>– Participate in CDS training on HIV prevention and nutrition</li> <li>– Cascade training through staff orientation on HIV and AIDS, with emphasis on HIV prevention and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>– Conduct HIV prevention and nutrition training for all partners (April 2016)</li> </ul>

CDS held an internal SIMS debriefing session on March 8, 2016 to discuss findings from the mock assessments and agree on technical assistance required to address observed weaknesses. Lessons learned from the exercise included:

- **The SIMS process:** Conduct discussions with partners to ensure understanding of the CEEs and resolve questions prior to the mock assessment
- **The SIMS tool:** Obtain prior consensus on the applicable CEEs with USAID and partners
- **Partner document verification:** Share the SIMS tool and a list of required documentation for verification beforehand with all partners

- **Assessment template:** Develop, test and share an assessment report template prior to the mock SIMS exercise
- **Team representation:** Advise partners to have multidisciplinary representation from all levels of the organization, including at least two home visitors, a project manager, a director and an M&E staff member
- **Organizational capacity:** Advise partners to involve staff that can proactively respond to questions and address gaps and questions during the SIMS assessment

### Technical support to ECHS partners

During this reporting period, CDS conducted household site visits with all five ECHS partners to monitor implementation of the program, verify quality of services rendered and provide on-site technical assistance. CDS observed a number of gaps as well as strengths in partner programming.

#### CDS observations of gaps and recommendations

Program gap	Observations	Recommendations
<b>Lack of toys and books</b>	Most caregivers do not have books or toys in the home. In some instances, the home visitors leave the toys used during the stimulation sessions at the household for a few days. A lack of toys and books interferes with the caregiver's ability to continue practicing what they learn during the sessions.	<ul style="list-style-type: none"> <li>• CDS has recommended that all partners ensure that caregivers are trained in making their own toys, and that caregivers borrow books from partners' mobile libraries to use at home.</li> </ul>
<b>Inability to engage beneficiaries on issues around child abuse and GBV</b>	Home visitors feel uncomfortable and are not able to report cases of child abuse or GBV due to the sensitivity around these issues in the community. They are not confident in discussing matters related to violence in the household with caregivers. Some of them have experienced violence in their personal lives but have not received assistance, and consequently do not know how to deal with it.	<ul style="list-style-type: none"> <li>• CDS plans to address these sensitivity issues by training program and management staff on mainstreaming gender into the ECHS program, which will be cascaded to the home visitors.</li> <li>• Partners were supported with the development and refinement of child protection and child safeguarding policies.</li> </ul>

<b>Inadequate HIV prevention and nutrition knowledge</b>	There is limited focus on HIV prevention and nutrition, and inadequate ability to interpret the Road to Health Booklets.	<ul style="list-style-type: none"> <li>CDS plans to conduct training on HIV and nutrition with Woz’obona, The Valley Trust and HOPE worldwide.</li> </ul>
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During the site visits, CDS provided technical assistance on the interpretation of the Road to Health Booklets, the standard document used by the Department of Health for services provided to all children in public health facilities. The technical assistance focused on conducting basic nutrition status assessment of children, use of referral forms and return slips, and use of the case management tools to monitor and track beneficiaries. Each partner also demonstrated unique approaches in their implementation of ECHS.

### CDS observations of strengths

Partner	CDS observations
<b>HOPE worldwide</b>	Caregivers engage with their children while performing daily chores: cooking, gardening and laundry. Play is integrated with day-to-day activities, which allows caregivers to interact with young children by counting, singing and identifying colors.
<b>Kheth’Impilo</b>	Through the Circles of Support, <sup>7</sup> caregivers share experiences and learn together. Home visitors facilitate these sessions by assisting the caregivers to highlight challenges related to early childhood stimulation. These sessions include discussions of solutions and corrective measures, as well as demonstrations of child stimulation to promote caregiver learning.
<b>mothers2mothers</b>	Home visitors use a case management tool to develop a unique plan of action for each household member. This assists the home visitors to keep track of each household member and the specific needs to be addressed.
<b>The Valley Trust</b>	New home visitors are twinned with experienced ones for orientation, mentoring and support. Home visitors use locally-made toys and materials to engage children in counting, identifying shapes and play.
<b>Woz’obona</b>	The organization uses an accredited Family Math, Science and Literacy curriculum to offer workshops for families and train facilitators.

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<sup>7</sup> Circles of support are a group methodology which incorporate supervised child stimulation between child and caregiver, as well as educational information and training on early childhood development and health issues.

## Program Management

CDS has increased the frequency and clarified the expectations for its program management meetings with partners. CDS has committed to facilitating monthly management meetings individually with each partner, alternating between a telephonic and on-site meeting. The ownership and structure of the meetings has been transitioned to the partners, who are responsible for presenting all updates and progress on implementation plans (addressing both achievements and challenges), as well as budgets and pipelines. Conducting these meetings more consistently ensures that programmatic progress is closely monitored and areas requiring improvement are identified and addressed timeously.

### Program management meetings with ECHS partners

Partner	Dates	Progress highlights
<b>Woz'obona</b>	February 17 and March 24, 2016	<ul style="list-style-type: none"><li>• Developed a policy on child safeguarding and a referral protocol, and updated the case management form</li><li>• Registered with the Department of Social Development to provide household-based early childhood development (ECD), which is in line with the ECHS program</li><li>• Upgraded systems to align to the CBIMS database and USAID reporting requirements.</li><li>• Caregivers have received training on toy-making, and Woz'obona has acquired the required materials</li></ul>
<b>HOPE worldwide</b>	February 26 and March 18, 2016	<ul style="list-style-type: none"><li>• Completion of the following documentation: Service Summary Sheet, Referral Protocol, Data Management and DQA SOP, Beneficiary Satisfaction Survey, Stigma and Discrimination Policy Statement, Health Behavior Screening Tool and Gender Curriculum "One Man Can"</li><li>• The partnership with <a href="#">New Start</a>, a non-profit HIV prevention program, to provide HTS to beneficiaries, has increased referrals and progress on the OVC_ACC target</li></ul>

Partner	Dates	Progress highlights
<b>The Valley Trust</b>	February 24 and March 24, 2016	<ul style="list-style-type: none"> <li>• Conducted training using <a href="#">Reflect</a> curriculum with 30 home visitors, five supervisors and one M&amp;E officer.</li> <li>• All project staff have been trained on the case management tool and are implementing the tool.</li> <li>• Addressed issues raised in the mock SIMS assessment, including drafting SOPs for: QI and QM, child safeguarding, sexually transmitted infection education, economic strengthening and social protection, and stigma and discrimination.</li> <li>• Challenges include delays in financial reporting and incorrect branding of home visitors uniforms. CDS is supporting the organization to address these challenges.</li> </ul>
<b>mothers2mothers</b>	February 24 and March 31, 2016	<ul style="list-style-type: none"> <li>• The organization is addressing findings from the mock SIMS and DQAs. The service register is currently being implemented and will be adapted further to meet the program's needs.</li> <li>• Completed the recruitment process for the following positions: Country Finance Manager, Senior Finance Officer, Deputy Country Director and Human Resources Manager.</li> <li>• Used scrap material to make its own ECHS toys. CDS applauded this effort, and reiterated that the organization can purchase consumables to make toys, but not purchase ready-made toys.</li> <li>• Challenge of clients' migration to other communities and wards. This has resulted in a loss of clients, which requires renewed household profiling and enrolment of additional households.</li> </ul>
<b>Kheth'Impilo</b>	February 26 and March 30, 2016	<ul style="list-style-type: none"> <li>• Development of policies and SOPs on child safeguarding, stigma and discrimination, referral and tracking, and data flow.</li> <li>• Establishment of circles of support for 340 caregivers, which have reached 476 children.</li> <li>• Establishment and use of an ECHS register to ease validation of data back to source documentation.</li> </ul>



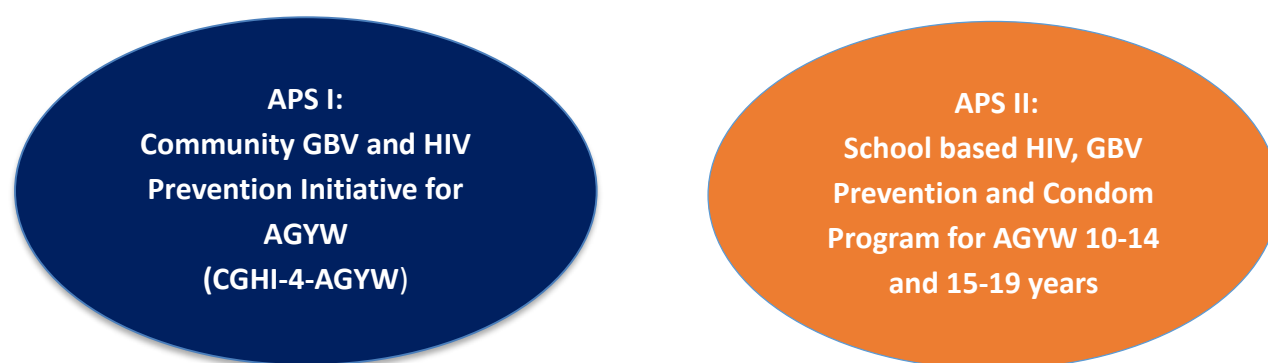
## HIV Prevention

### DREAMS Initiative

The objective of DREAMS is to help girls **Develop** into **Resilient, Empowered, AIDS-free, Mentored** and **Safe** women. It aims at delivering a core package of interventions that combines evidence-based approaches that go beyond the health sector, addressing the structural and social drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, GBV and a lack of education. CDS was selected as a technical partner to ensure the successful implementation of this two-year initiative, and will support the achievement of the DREAMS goal of reducing new HIV infections among adolescent girls and young women (AGYW) between the ages of 15-24 years by 40% within two years.

With USAID's guidance and input from the South African Government, CDS developed APS I and II in line with the assigned DREAMS core interventions. Each APS articulates the specific interventions to be implemented.

#### DREAMS intervention clusters



#### **APS I: Community GBV and HIV Prevention Initiative for Adolescent Girls and Young Women**

In quarter two, CDS completed the development of APS I, which included feedback from USAID and SAG. The goal of this APS is to increase community responses and improve existing services in addressing GBV and the risk to HIV through strong referrals and linkage of AGYW into a continuum of care and prevention services. The core components of APS I include: 1) community mobilization and norms change; and 2) post-violence care and psychosocial support. The core interventions will be implemented among the general population in the provinces of KwaZulu-Natal and Gauteng using preferred evidence-based approaches. CDS advertised the APS on March 20, 2016. The closing date of the APS is April 18, 2016. The tables below shows the geographic focus of the APS.

## CDS DREAMS implementation areas

Gauteng province		KwaZulu-Natal province	
City of Johannesburg district		eThekweni and UMkhanyakude districts	
Sub-districts:			
Region A, including: Diepsloot, Ivory Park, Ebony Park, Khaya Sands		eThekweni South, including: Umlazi, Chatsworth, Lamont, Kwa-Makhuta	
Region D, including: Soweto, Dobsonville, Doornkop		eThekweni North, including: Kwa-Mashu, Inanda, Lusaka and Surrounds	
Region E, including: Alexandra, East Bank, Mayibuye		eThekweni West, including: Pinetown, Kwa-Dabeka, Mpumalanga, Cleremont	
Region G, including: Lawley, Ennerdale, Eldorado Park, Orange Farm		Hlabisa and Mtubatuba (UMkhanyakude district)	

## APS II: School based HIV, GBV Prevention and Condom Program for AGYW 10-14 and 15-19 years

In quarter two, CDS engaged in a consultative process with USAID and SAG to seek input and guidance on APS II. The APS covers two core components: 1) school-based HIV and violence prevention; and 2) condom promotion for in-school girls aged 10-14 and 15-19 years. These interventions will be implemented in Gauteng (City of Johannesburg) and KwaZulu-Natal (eThekweni and UMkhanyakude). APS II is in the final stages of consultation and review by the Department of Basic Education, and should be finalized by April 2016.

CDS also participated in consultations with the Provincial and District Task Teams in both Gauteng and KwaZulu-Natal to present and align DREAMS district implementation plans with existing provincial programs and structures. The implementation plans for KwaZulu-Natal were approved in March 2016, while ongoing Gauteng implementation plan meetings are planned for April 2016. The meetings promote district guidance and ownership, and foster coordination of timelines and roles and responsibilities among stakeholders. They have also facilitated networking and improved awareness of each stakeholder's activities, which CDS anticipates will enhance long-term collaboration.

## Let's Talk

“Let’s Talk” is a family-centred, HIV prevention program for adolescents and caregivers which seeks to improve mental health and reduce risky behavior through promoting improved communication between adolescents and their parents/caregivers. Two CDS staff – the M&E Capacity Building Manager and Organizational Development Manager – attended Phases I and II of the “Let’s Talk” training with other DREAMS implementing partners. The “Let’s Talk” training is comprised of the following phases:

- **Phase I** focuses on caregivers and is designed to improve participants’ ability to recognize and cope with stress and difficult emotions, enabling them to better understand and attend to the needs of adolescents under their care.
- **Phase II** focuses on adolescents and seeks to empower them with the ability to identify and solve problems they face, as well as provide skills for coping with difficult emotions and communicate better with their caregivers. Most importantly, it provides adolescents with knowledge to protect themselves from HIV and other sexually-transmitted infections.
- **Phase III** will be conducted in May 2016.

Participation in the training will enable CDS to better support implementation of DREAMS activities, including monitoring, evaluation and reporting.<sup>8</sup>

## Organizational Development

### Digital Capacity Assessment Tool (DCAT)

CDS is exploring ways to make the DCAT more accessible to its partners, as well as other organizations in the development field. CDS has prepared a fact sheet providing an overview of the tool, highlighting its benefits, key components, and future plans, and is preparing additional materials such as the facilitator’s guide to accompany online access to the tool through the CDS website.

### Curricula development and piloting

CDS held two of the planned curricula pilots in quarter two: gender mainstreaming (discussed in the [Technical section](#) of Component Two) and Human Resource Management (HRM). CDS conducted an HRM pilot workshop with HOPE worldwide from January 25-27, 2016. The pilot served to test the curricula while addressing HOPE worldwide’s HRM needs identified through

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<sup>8</sup> Read more about CDS MER support to DREAMS in [Component Four](#).

a prior organizational capacity assessment. The pilot provided the organization with the knowledge and skills required to draft their HRM policies and employee handbook.

The HRM pilot informed revision of the HRM curricula 101 and 201 content and layout. These revisions include:

- Extension of the duration for HRM 101 and 201 to three days each
- Conducting pre- and post-assessments to measure the training's effectiveness
- Inclusion of action plans at the end of each module to capture priority activities
- Inclusion of video clips to further support comprehension and application of content

***"I found the HR training very useful, in terms of setting out the theory and the way forward."***

Dr. Marc Aguirre, HOPE  
worldwide Country Director

Due to competing activities for both CDS and partner staff, the Leadership and Governance curricula pilot sessions with The Valley Trust were postponed to May 2016.

### Curricula pilot plan

Curricula	Partner	Dates	Location	Status
Gender Mainstreaming	mothers2 mothers and HOPE worldwide	January 17-18, 2016	CDS, Pretoria	Completed
Human Resource Management	HOPE worldwide	January 25-27, 2016	HOPE worldwide, Johannesburg	Completed
Leadership 101 & 201	The Valley Trust		TVT, KZN	Postponed to May 2016
Governance 101 & 201	The Valley Trust		TVT, KZN	Postponed to May 2016

### Organizational development support to partners

CDS assessed the capacity of ECHS partners across five domains and jointly created capacity development plans with each partner in quarter one. These partner capacity development plans, tailored to each partner's specific needs, indicate the prioritized areas for CDS support, proposed interventions, required outputs, and deliverables.

At the request of USAID, CDS is also providing organizational development support to the Center for Economic Governance & AIDS in Africa (CEGAA). CEGAA's capacity development

plan seeks to strengthen CEGAA's strategic and operational processes, as well as organizational activities relating to sustainability.

### **Organizational sustainability**

One of the key domains CDS addresses is organizational sustainability. **The Valley Trust and Woz'obona** received sustainability planning support facilitated by Karen Krakowitzer Consulting (KKC). The two partners attended customized sustainability workshops in January 2016 to equip them with knowledge, skills and practical tools to promote their sustainability and address gaps identified during the capacity assessments conducted in quarter one. The partners now have an improved understanding of sustainability opportunities and processes required, as well as funding possibilities. A total of nine staff participated in the workshop from The Valley Trust, including program, finance and administrative staff, as well as a director. A total of seven staff participated in the workshop from Woz'obona, including program, M&E and finance staff, as well as a director.

The workshops and corresponding desk reviews informed the development of partner gap analyses focusing on various sustainability areas.<sup>9</sup> Sustainability gaps for each partner include:

#### **TVT:**

- Absence of memoranda of understanding with other NGOs, CBOs, government departments and stakeholders, which promote linkages and networking with other service providers and potential future funders
- Inadequate and inconsistent coordination and communication between different program and organizational units
- Insufficient staff capacity to conduct sustainability activities
- Weak strategic implementation planning, without consideration of the sustainability of current or future projects

***"Thank you so much for a well-run [sustainability] session yesterday. It helped us think about sustainability in a different way to how we had viewed it in the past. It's also helped shape our thinking about the strategy review and operational planning session we are soon to hold."***

S'bongiseni Vilakazi, Executive Director of The Valley Trust

#### **Woz'obona:**

- Lack of succession planning and a non-diversified funding base
- Minimal use of technology
- Lack of a fundraising plan and budget projections

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<sup>9</sup> These include financial position, organizational capacity, operational efficiency, resource mobilization, brand awareness and activation, and fund development

Based on these gaps, KKC is developing partner-specific sustainability development plans, which will be finalized and implemented in quarter three.

CDS also provided **CEGAA** with sustainability planning support. KKC conducted a workshop with six participants from CEGAA on January 26, 2016, to begin providing the organization with knowledge and skills to maintain continuity and ensure long-term sustainability. Participants

***“This training was beyond my expectations. I have realized that there was much I didn’t know how broad HRM [Human Resource Management] is.”***  
Nhlanhla Ndlovu, CEGAA Executive Director

included a Board member, as well as a director and several finance staff. The workshop covered topics such as resource mobilization, brand awareness, fund development, finance and operational efficiency. Subsequently, KKC has developed a gap analysis report, highlighting the following areas for development:

- Financial administration capacity
- Funding for strategic management and fundraising roles
- Attraction of ongoing funding
- A communication strategy
- Filling positions critical to sustainability

KKC is finalizing a sustainability development plan for CEGAA, which will be completed in April 2016.

## **Financial management**

During this quarter, CDS provided finance technical assistance to **The Valley Trust and Woz’obona**. The technical assistance was informed by the findings of the financial assessments and ongoing reviews of their financial reports. This included support to develop a shared cost allocation methodology, re-design their timesheet templates to reflect time charged to different donors and assistance to prepare for the FHI 360 Office of Compliance and Internal Audit financial review.

CDS builds a cost share element into partner agreements to promote ownership and program sustainability through diversifying funding sources. However, both TVT and Woz’obona required support to resolve errors and queries in their year one cost share reports. CDS supported the partners to develop a shared cost allocation methodology based on 2015 annual revenue received from the different donors and revenue generated from renting out office space and accommodation.

Many organizations, including CDS partners, run concurrent projects funded by different donors, and share staff across these projects. CDS supported TVT and Woz’obona to more accurately capture time spent on the ECHS program by assisting them to revise their timesheet systems. These processes enable partners to improve their budgeting and utilize

other income to complement project activities, while freeing up resources for sustainability initiatives.

CDS also supported TVT and Woz'obona to progress in their finance capacity development plans, providing guidance on procurement and payment processes, bank reconciliations and financial reporting. CDS emphasized the need for management to engage with finance staff to establish and agree on key performance indicators and implement the new finance structure and job descriptions to ensure improved workflow and quality financial reports, meet deadlines and enhance segregation of duties.

CDS supported the recruitment of a Senior Finance Manager for Woz'obona through participating in the shortlisting and interviewing of candidates. Woz'obona's location in rural Limpopo limits the availability of skilled and experienced candidates. However, CDS plans to implement a robust mentoring plan, providing the required support to the selected candidate. Woz'obona's Board chairman and treasurer expressed interest in supporting implementation of CDS' finance recommendations. This buy-in from the Board will assist in ensuring that critical design and structural changes are institutionalized and Woz'obona becomes a more robust organization.

***"The value-add of working with CDS is that we get a lot of tailor-made assistance which specifically applies to us. You don't often find that with other relationships, which assume you are fully equipped. We can afford to admit our weaknesses and know it won't be held against us. The time and effort provided to address our challenges is very valuable. The non-profit sector has lost its networking capacity, and CDS promotes that – which is very valuable for NPO sustainability."***

Peter Sekgobela, Executive Director of Woz'obona

CDS conducted Financial Management training with **CEGAA** from March 17-18, 2016. The training addressed areas including procurement, key financial controls, timesheet and payroll systems, mapping travel processes, budgeting and costing, cash flow management, audits and annual financial statements, and variance reporting.

### **Human Resource Management**

CDS is providing **HOPE worldwide** with ongoing HRM technical assistance, including sourcing tools and policies, guiding processes and tool development, and reviewing HRM templates to guide and support the implementation of HRM activities, including an employee retention workbook, health and safety audit questionnaire sheet, NPO codes for good practice and job analysis templates. Collaboratively, an action plan was developed to prioritize and monitor the implementation of HRM capacity building solutions at HOPE worldwide.



CDS conducted HRM training with four participants from **CEGAA** from March 14-16, 2016. Participants included a director and finance and HR staff. CEGAA did not have a basic plan to guide HRM transactional and transformational services to support the organization. The training addressed a range of topics, including South African legal requirements, and basic HRM policies and procedures. The training was participatory and practical, involving discussions of case studies to evaluate participants' general knowledge and their ability to apply to training content. CDS provided CEGAA with HR templates of policies and procedures to assist the organization in developing its HRM capacity.



*Staff from CDS and the Center for Economic Governance & AIDS in Africa at the Human Resource Management and Financial Management training*

### Organizational Support for Childline Limpopo

CDS' resource mobilization support to Childline Limpopo began in November 2015. Since this time, CDS has encountered several factors hindering continuity of the support. This includes leadership and staff turnover, accompanied by a lack of succession planning, which has negatively impacted on the ownership and accountability of the organizational development process with Childline Limpopo.

CDS and KKC met in February and March to discuss issues affecting the sustainability support to Childline and determined that a status report on the identified challenges, completed work and outstanding activities as per the project agreement would be presented to USAID for consideration.

On USAID's advice, CDS support to Childline Limpopo was discontinued due to the lack of leadership and staff continuity. The following activities were completed and will be shared with the current Childline Board of Directors:

- Finalized resource mobilisation project scope and plan
- Facilitated a workshop on Marketing and Communications, as well as a workshop on Resource Mobilization and Being Brand Ambassadors, with representation from all departments as well as the Chairperson of the Board of Directors
- Developed a prospect list of potential funders for Childline Limpopo's work and a private sector engagement process flow
- Developed a proposal template for use by Childline Limpopo



- Commissioned a local photo-journalist to take a series of photographs demonstrating the activities of Childline Limpopo, to be used in organizational products and marketing materials

The following activities were not complete due to the early conclusion of CDS support:

- Completion of a marketing/communications plan
- Updating of the Childline Limpopo website
- Development of a multi-media advertisement
- Development of a series of marketing materials
- Provision of weekly mentoring to the Director of Childline Limpopo over eight weeks

### PEPFAR Annual Training Calendar

CDS developed an annual training calendar for organizational capacity sessions to be provided to PEPFAR- and USAID-funded NGOs throughout the current fiscal year. Training in the following domains will be offered:

- Gender (organizational level)
- Gender (household level)
- Sustainability
- Human Resource Management
- Leadership
- Governance
- Monitoring and Evaluation

CDS has not been able to finalize the training calendar due to delays in conducting pilot sessions for key curricula. CDS will share the final plan with USAID in April 2016, with training sessions scheduled for the second half of the year.

### Lessons learned, challenges and measures to address them

- **Coordination of partner support:** CDS and its partners have experienced multiple scheduling conflicts. The development of an annual schedule detailing technical assistance and program management meetings with each partner has facilitated improved coordination and planning among both CDS and its partners.
- **Capacity development support:** Adhering to the dates set with partners for organizational development training remains a challenge due to competing priorities within CDS and its partners. Identification of capacity development champions within each partner organization will allow for accountability and dedicated communication lines to maintain planned activities.

- **ECHS partner implementation:** CDS has experienced inconsistencies in implementation of the ECHS program across partners. The mock SIMS process assisted CDS to identify and address common gaps. CDS will continue to assist partners to adapt to new PEPFAR requirements, including changes in program design and new targets.

## **Component Three: Capacity Building Assistance to SAG**

The activities of Component Three are responsive to CDS strategic objectives three and four. Component Three A focuses on the recruitment, placement, monitoring, and support of Technical Advisors (TAs) to SAG departments. Component Three B strengthens capacity to deliver a comprehensive set of nutrition interventions.

### **Recruitment and Placement of SAG Technical Advisors**

Since the start of the project, SAG, through USAID, has requested the recruitment and secondment of 10 TAs from CDS. In quarter two, CDS worked on the recruitment of six TAs: five for the Department of Health (DOH) and one for the National Treasury, to support Conditional Grants. The five TAs for DOH are being recruited to support the following programmatic areas:

- HIV Prevention and HIV Counselling and Testing (HCT)
- High Transmission Areas and Key Populations
- Condom program
- DREAMS
- Primary Health Care

#### **TA on HIV Prevention/HCT**

The appointment of the TA on HIV Prevention/HCT was finalized in January 2016, and the candidate was expected to assume duty on February 25, 2016. However, the TA withdrew her appointment, and CDS is in the process of seeking alternative candidates.

#### **TA on High Transmission Areas and Key Populations**

The appointment of the TA on High Transmission Areas and Key Populations was finalized in quarter one, but the appointed TA withdrew her appointment. The recruitment process was re-commenced and the post was re-advertised in January 2016. In collaboration with the DOH, two candidates were shortlisted for interviews from the 36 applicants in March 2016. Nomvuyiselo Maduna was selected as the best candidate, and CDS is developing a selection memo recommending USAID approval of the candidate's appointment.

#### **TA on Condom Program**

After her appointment was finalized in December 2016, the appointed TA, Regina Maithufi, assumed duty on January 7, 2016. She received orientation from FHI 360 from January 11-15, 2016, and from the DOH on January 21, 2016. She was fully seconded to the DOH on January 25, 2016.

### **TA on DREAMS**

CDS received a request to recruit a TA on DREAMS at the DOH and finalized the terms of reference in quarter one. USAID approved the position in January 2016. In collaboration with the DOH, CDS shortlisted three candidates for interviews from the 24 applicants, and identified Hasina Subedar as the most suitable candidate. CDS has developed a selection memo recommending USAID approval of the candidate's appointment.

### **TA on Primary Health Care**

CDS received a request to recruit a TA on Primary Health Care at the DOH on March 8, 2016. The DOH developed the TA's terms of reference and has advertised the position. CDS is supporting preparations to identify a suitable candidate.

### **TA on Conditional Grants**

A suitable candidate for this position, Yasteel Maharaj, was identified in December 2015, and USAID approved his appointment in February 2016. He assumed duty on February 25, 2016. After orientation from FHI 360 and the National Treasury, he was fully seconded on March 8, 2016.

## **Manage and Support TAs Seconded to SAG**

Once seconded to SAG departments, CDS continues to provide management, support, and oversight of TA activities. Significant achievements in quarter two by the fully seconded TAs include:

### **TA on Isibindi Project for the Department of Social Development (DSD)**

- Facilitated the establishment of a Project Steering Committee and developed processes for contracting the service provider for the mid-term review of the Isibindi project.
- Strengthened management and reporting systems, aligning them to the DSD's Community Based Interventions Monitoring System (CBIMS), resulting in an overall increase in the reporting of:
  - OVC reached, from 291,827 in quarter one to 652,696 in quarter two
  - Child and Youth Care Workers (CYCWs) trained, from 6,345 in quarter one to 7,283 in quarter two
  - The number of implementing partners, from 340 in quarter one to 358 in quarter two
  - The number of NGOs capacitated on the Isibindi project, from 340 in quarter one to 358 in quarter two
- Facilitated the verification and certification of all 1,173 CYCWs by the Health and Welfare Sector Education and Training Authority (HWSETA)
- Collaborated with KPMG to draft the sustainability plan for the Isibindi project

- Contributed to the signing of the memorandum of understanding between the DSD, National Association of Child Care Workers (NACCW) and South African Institute for Chartered Accountants on learning and development for Grade 12 learners, as well as finalization of the learning and development program implementation plan for 2016/2017
- Facilitated the finalization and approval of the Isibindi project communication strategy

#### **TA on ECD for DSD**

- Contributed to alignment of the DSD's Comprehensive ECD Program with the approved ECD Policy
- Facilitated the development of ECD Policy booklets and presentations to be distributed nationally
- Collaborated with UNICEF in the development of training materials (including learner materials and a facilitator's guide) on the ECD Policy that will be used to train DSD officials and other key stakeholders
- Mobilized funding and support from UNICEF to contribute toward training DSD officials and other stakeholders on the ECD Policy and Parental/Primary Caregiver Curriculum
- Strengthened linkages between DSD and CDS with regard to the ECHS and NACS programs to promote collaboration

#### **TA on DREAMS for DOH**

- Supported the development of the DREAMS district implementation plans
- Facilitated the development of the Pre-Exposure Prophylaxis (PrEP) Policy and implementation guidelines
- Drafted a National Campaign Framework and Plan on girls and young women focusing on HIV prevention, teenage pregnancy, school dropout and gender-based violence

#### **TA on Condom Program for DOH**

- Contributed to the finalization of the condom distribution plans for 48 districts in eight provinces (excluding the Western Cape). A total of 35 condom distribution plans have been signed off by the district managers in five provinces<sup>10</sup>
- Contributed to the validation of facility data that identified 10 districts performing poorly on condom distribution. These include two in the Eastern Cape, two in the Free State, one in Gauteng, two in the Northern Cape and three in North West province.

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<sup>10</sup> These include KwaZulu-Natal, Free State, Eastern Cape, North West and Gauteng provinces

Strategies were developed to strengthen these districts on monitoring, evaluation and reporting.

### **TA on Conditional Grant (Health Economics) for National Treasury**

The TA reviewed and enhanced the quality of the draft South African Health Products Regulatory Authority business case by emphasizing the health economics and costing aspects.

## **Development and Implementation of the Performance Management Framework**

CDS continued implementation of the Performance Management Framework for each TA in quarter two. This includes monthly management meetings with SAG Technical Supervisors and the TAs, as well as review of monthly and quarterly reports and support to develop future plans. The management meetings allow CDS to monitor the progress of the technical assistance provided to the department and create an enabling environment for implementation. In quarter two, CDS held two meetings each with the Technical Supervisors of the TAs on ECD and Condom Programming, and one meeting each with the Technical Supervisors of TAs on the Isibindi project and Conditional Grants. These meetings are complemented by fortnightly supervisory meetings with each TA, and monthly collective TA meetings.

## **Lessons learned, challenges and measures to address them**

- **TA contract period:** The two-year contract period for the TAs negatively affects the recruitment process, resulting in poor-quality applications and candidates leaving the process for longer-term offers. CDS will work with USAID to increase the TA period to three years in order to attract candidates with adequate qualifications and experience.
- **Performance Monitoring Framework:** Implementation of the CDS TA Performance Monitoring Framework is often compromised by competing priorities within the departments. CDS will strengthen its advocacy on the value of the Performance Monitoring Framework with the departmental Technical Supervisors and TAs.

## Component Three B: Nutrition Assessment, Counselling and Support (NACS)

The activities of Component Three B are responsive to CDS strategic objective four and are intended to strengthen the SAG/DOH as well as PEPFAR's OVC, treatment, and care and support implementing partners' capacity to deliver NACS, which is a comprehensive set of nutrition interventions to improve health outcomes of vulnerable populations.

### Policy/Advocacy for National Multisectoral Approach to Reducing Malnutrition

Under nutrition is associated with faster disease progression and higher risk of mortality among PLHIV. CDS uses an advocacy platform to solicit high-level DOH support to strengthen the integration of NACS into clinical care at all levels of health services, including national, provincial, district and community provision of primary health care. Collaboration and joint meetings of the various nutrition stakeholders facilitate holistic examination of current nutrition strategies to strengthen the current approaches.

#### Policy, advocacy and multi-sectoral meetings attended

Meeting	Date and place	Meeting outcomes
<b>NACS planning with USAID</b>		
<b>Joint program planning meeting</b>	January 6, 2016, FHI 360 offices	Discussion of SIMS tools and processes, including NACS field experience of enabling and hindering factors in achieving the desired SIMS outcomes  CDS presented the NACS results framework incorporating the UNAIDS 90-90-90 strategy
<b>Conference call with Tim Quick, Senior Technical Advisor for HIV &amp; Nutrition in the USAID Office of HIV/AIDS</b>	March 2, 2016	Discussion of NACS technical review, nutrition activities including severe acute malnutrition (SAM), and funding status  CDS will strengthen QI and data collection at site level and develop case studies aligned to the UNAIDS 90-90-90 strategy
<b>Advocacy meetings with DOH</b>		
<b>Tshwane district, Gauteng province</b>	January 29, 2016, FHI 360 offices	Presentation of SAM data by Tshwane district to inform selection of sites for NACS  Confirmation of five sites for site readiness assessments in quarter two

Meeting	Date and place	Meeting outcomes
<b>Gert Sibande district, Mpumalanga province</b>	February 15, 2016, Ermelo, Mpumalanga	Designation of a NACS contact in Gert Sibande district  Confirmation of eight sites for site readiness assessments in quarter two
<b>Task team meetings</b>		
<b>Breastfeeding task team</b>	February 5, 2016, NDOH, Pretoria	Discussion of strategies to improve child survival, including normalizing breastfeeding and popularizing the Road to Health Booklet
<b>SAM task team</b>	March 2, 2016, FHI 360 offices	Discussion of task team progress to date and implementation challenges  Agreement on domains for the terms of reference for the task team
<b>Development of SAM implementation plans</b>		
<b>Consultative meeting to inform SAM implementation plans</b>	March 4, 2016, Polokwane, Limpopo	Discussion on the increasing SAM incidence of hospital admissions and identification of contributing factors and strategies to address them (such as focusing on case detection)
<b>Development of SAM implementation plans</b>	January 25-29, 2016, Mpumalanga	Discussion of the most recent DOH Child Healthcare Problem Identification report which highlighted the need to engage mothers and caregivers in childcare and mobilize communities
	March 14-17, 2016, Polokwane, Limpopo	Identification of behavior change communication as a possible strategy to engage mothers in the plans
<b>SAG National Food and Nutrition Security implementation plan</b>		
<b>Department of Planning, Monitoring and Evaluation</b>	January 25, 2016, Union Buildings, Pretoria	Discussion of the <a href="#">Center for Development Innovation</a> (CDI) activities in South Africa, including follow-up mentoring and coaching of fellows trained on food and nutrition security



Meeting	Date and place	Meeting outcomes
		<p>CDI will support the monitoring and evaluation of the National Food and Nutrition Security implementation plan</p> <p>CDS was identified as a partner to collaborate with CDI in conducting an M&amp;E course for the National Food and Nutrition Security Task Team members overseeing the implementation plan</p>
<b>National Food and Nutrition Security Co-ordination Committee</b>	March 18, 2016, Union Buildings, Pretoria	<p>Presentations on how nutrition and food security are being integrated into various Government sector plans</p> <p>Decision on how the plan will be implemented at all levels of Government, including district and community</p>

## Knowledge and Skills Building in NACS Implementation

Knowledgeable and skilled health workers facilitate early and correct identification of malnourished clients, as well as support for adherence to nutrition support, contributing to decreased mortality from malnutrition, increased quality of life and retention in treatment.

CDS employs a mentoring and coaching approach to reinforce health workers' knowledge and skills in nutrition service delivery. Specific activities include consistently analyzing data to measure program performance; ensuring "compliance to practice" by reviewing records such as the Road to Health Booklet, ART records, TB records, and maternity care records; and discussing findings with the health facility team and providing feedback to facilities.

### NACS curriculum

The NACS curriculum, including a participant and facilitator manual, is with the NDOH for review and final approval. The curriculum is comprised of five modules:

- Overview of nutrition
- Nutrition assessment and classification
- Nutritional counselling
- Nutrition support
- Monitoring and evaluation

CDS has extracted job aids from the curriculum to print and distribute within health facilities to support health workers in providing nutrition services. This will strengthen skills and practices at facility level and comply with SIMS. Job aids will include:

- How to take a Mid-Upper Arm Circumference (MUAC)
- MUAC classification for adults and children
- Algorithms for management of malnourished clients
- Food-based dietary guidelines

### NACS trainings

CDS planned to conduct two five-day NACS and breastfeeding trainings for 70 health workers from 12 supported facilities in Nyandeni municipality in the Eastern Cape province during this reporting period. However, the trainings were postponed due to municipal demonstrations and unrest, which posed a risk for participants to access the training venue. CDS is engaging with the district to discuss rescheduling the trainings.

### Technical assistance at site level

CDS supports a total of 86 selected health facility sites in 13 sub-districts in six provinces.<sup>11</sup> CDS provided mentoring and coaching support to 55 sites in quarter two, and conducted site readiness assessments in 11 health facilities. Of the 86 sites, 22 sites received limited support in quarter two due to delays in agreeing on support plans with key stakeholders.

Support visits revealed improved conduct of a comprehensive set of anthropometric measurements among children under five years old.<sup>12</sup> However, CDS found inconsistencies among the other NACS target populations such as adult PLHIV, pregnant women and mothers post-delivery. For example, among adult PLHIV on ART, health facilities capture client weight well, but do not consistently capture measurement of height, body mass index (BMI), MUAC, and nutrition classification with appropriate action taken.

Various factors contribute to this inconsistency in health facility practices. These include the use of ART forms that do not prompt recording of all anthropometric measurements and



*CDS training officer Adel Rens demonstrates how to conduct a child MUAC to health facility staff in Inhlwathi Clinic in uMkhanyakude, KwaZulu-Natal*

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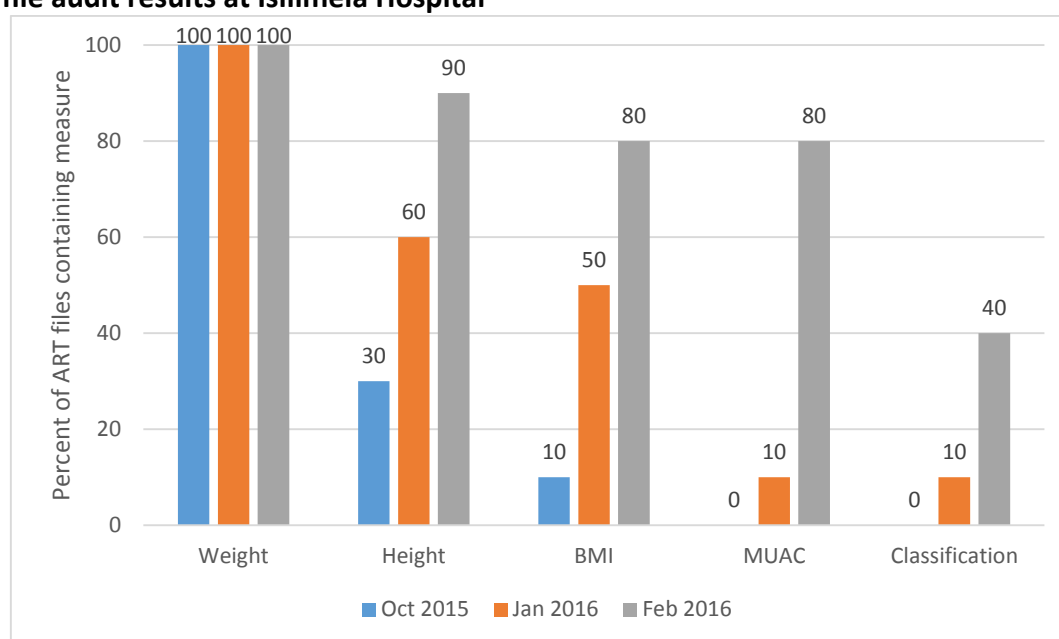
<sup>11</sup> CDS also supports two clinics attached to hospitals

<sup>12</sup> These include weight/age, length/age, length/weight, MUAC, and classification with appropriate action taken

nutrition services, staff rotation and staff turnover which undermine knowledge and skills already invested in the facility, and limited managerial support and supervision.

Below is an example of the findings from an audit of ART files at Isilimela Hospital in the Eastern Cape province. While client weight was routinely documented, height, BMI, MUAC and classification were not conducted. The graph demonstrates improvement following CDS support to the hospital.

#### ART file audit results at Isilimela Hospital



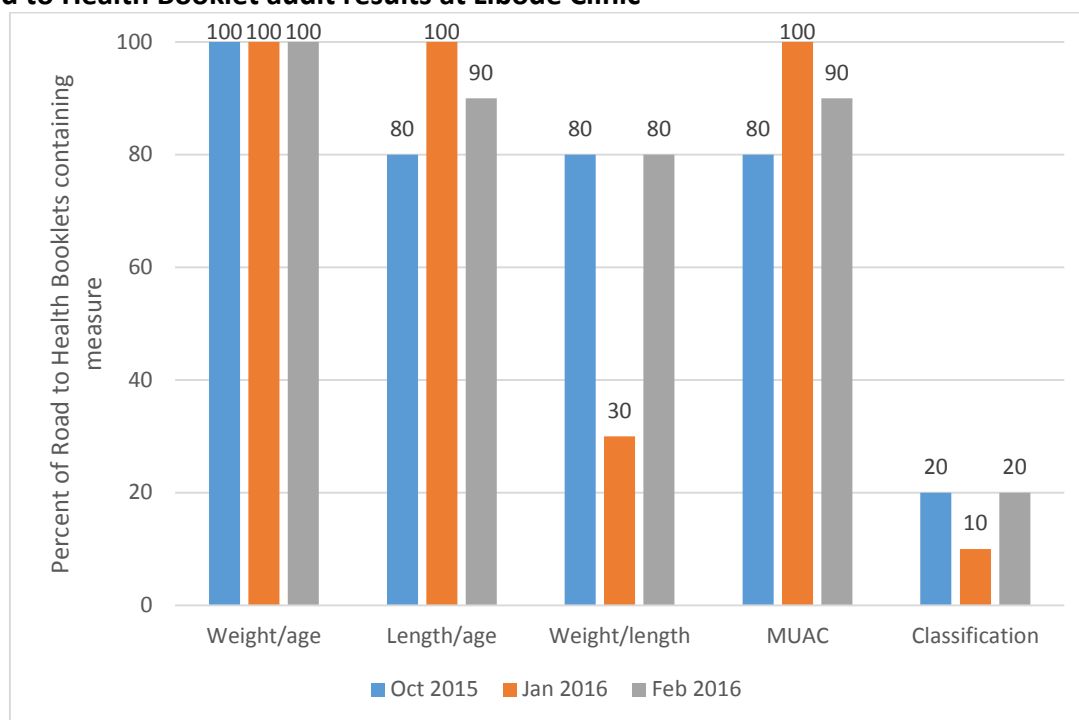
The following graph depicts the findings on nutritional assessments for children under five years old at Libode Clinic in the Eastern Cape province. While anthropometric measurements are conducted consistently, nutrition classification based on these measurements remains a challenge for several reasons. DOH forms at health facilities do not adequately support the recording of nutrition services in client files. This hinders consistency of conducting and recording anthropometric measurements, as well as taking appropriate action based on the results. CDS recommends that DOH review and revise these forms to integrate nutrition indicators and improve monitoring. In the interim, CDS reinforces this last, critical step of nutrition assessment through its curriculum and training.

#### What health workers say about non-classification of client nutritional status

“There is no space to write the nutrition status (classification) on the client ART record and this is why we do not write it in.”

“It means we were calculating BMI just for fun, as we did not use it to determine the client’s nutrition status. Hayi bo! [expression of shock or dismay]”

### Road to Health Booklet audit results at Libode Clinic



### NACS service delivery

CDS data collection and reporting focuses on two PEPFAR nutrition service delivery indicators which measure access to, and provision of, nutrition services as a standard component of care and treatment services for PLHIV.

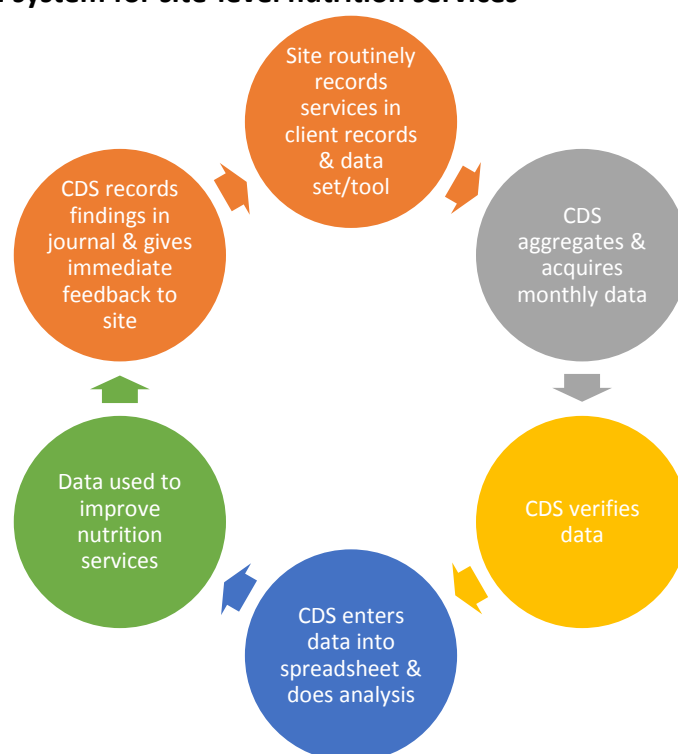
Indicator	Relationship to UNAIDS 90-90-90 goals
<b>Percentage of PLHIV in care and treatment who were nutritionally assessed [via anthropometric measurement] (FN_ASSESS)</b>	Nutrition assessment reinforces early identification and knowing one's HIV status
<b>Proportion of clinically undernourished PLHIV who received therapeutic and supplementary food (FN_THUR)</b>	Provision of nutrition support promotes adherence to treatment and a suppressed viral load

In quarter two, CDS continued with data acquisition, conducting site visits to provide technical assistance and service delivery improvement support to 48 of the 86 selected sites. The project's technical assistance resulted in data acquisition from 60 sites – 94% of those

currently targeted for data collection.<sup>13</sup> Notably, 12 sites submitted data without requiring CDS data collection support in the quarter. This may indicate an increase in recognition of the value of the process, as well as enhanced leadership, ownership and initiative. It also indicates strengthened data collection, recording capacity and systems at facility level due to CDS support.

CDS has established a monthly data acquisition and feedback information system for each of the reporting sites, for data on the two PEPFAR indicators as well as on provision of nutrition counselling.

### CDS data collection system for site-level nutrition services

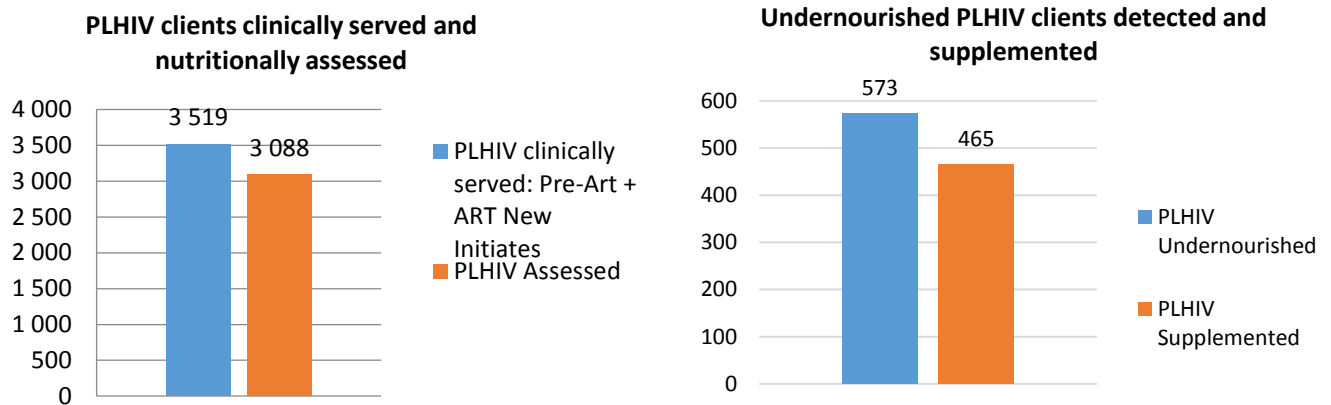


The 60 sites reside within seven districts in five provinces.<sup>14</sup> The analysis of nutrition assessments is based on a comparison of the total number of clients newly initiated on ART each month (extracted from Tier.Net) to the total number of clients who received nutritional assessments. The calculation of the nutrition supplementation indicator compares the number of clients assessed as malnourished compared to the number provided with nutritional supplementation, as recorded in the nutrition data tools at each site.

<sup>13</sup> Of the 86 sites identified for CDS support, 22 are currently inactive and further support is pending discussion with USAID

<sup>14</sup> These provinces include the Eastern Cape, Free State, KwaZulu-Natal, Limpopo and Mpumalanga.

### Nutrition services provided by the 60 sites



This quarter, 88% of new ART clients were nutritionally assessed, an 18% increase compared to last quarter. This represents a significant improvement when compared to the low nutrition assessment baselines across provinces identified during site readiness assessments. A total of 431 clients (12%) were either not nutritionally assessed, or the assessment was not comprehensive (such as conducting weight only), and were excluded from the data collection. A provincial breakdown of nutrition assessments for new ART clients this quarter shows that the services were highest in KwaZulu-Natal (92%), followed by the Free State (86%), Eastern Cape (80%) and Mpumalanga (66%).

Of the 3,088 PLHIV nutritionally assessed this quarter, 19% were diagnosed as undernourished - slightly higher than the 15% level anticipated by USAID.

Of the 573 clients diagnosed as clinically undernourished, 81% were provided with supplements. The highest supplementation levels were recorded in KwaZulu-Natal at 91% and lowest in Limpopo at 65%. Transport systems play a role in the provision of supplements, with a lack of transport to deliver supplies from sub-district offices or from depots based at hospitals to the feeder clinics. Supply-chain recording may also be an issue, with multi-record systems for nutrition services.

Although these results show improvement, they fall far short of USAID targets against the two nutrition indicators.

#### CDS performance against nutrition targets

Indicator	Cumulative performance	Target	% of target achieved
<b>Percentage of PLHIV in care and treatment who were nutrition assessed [via anthropometric measurement]</b>	3,088	33,158	9%
<b>Proportion of clinically undernourished PLHIV who received therapeutic and supplementary food</b>	465	3,979	12%

With six months left to achieve these targets, CDS is implementing a turnaround strategy with several components. Initially, data on nutritional assessment was collected only from clients newly initiated on ART. This was a practical decision based on the high documentation workload for health workers, but has resulted in underachievement because of low levels of new ART initiates.<sup>15</sup> From April 2016, CDS will include data from follow-up ART clients as well. CDS is in the process of hiring temporary staff to support this data collection, including Health Facility Coordinators and Monitoring and Reporting Assistants stationed at district and health facility level until September 2016.

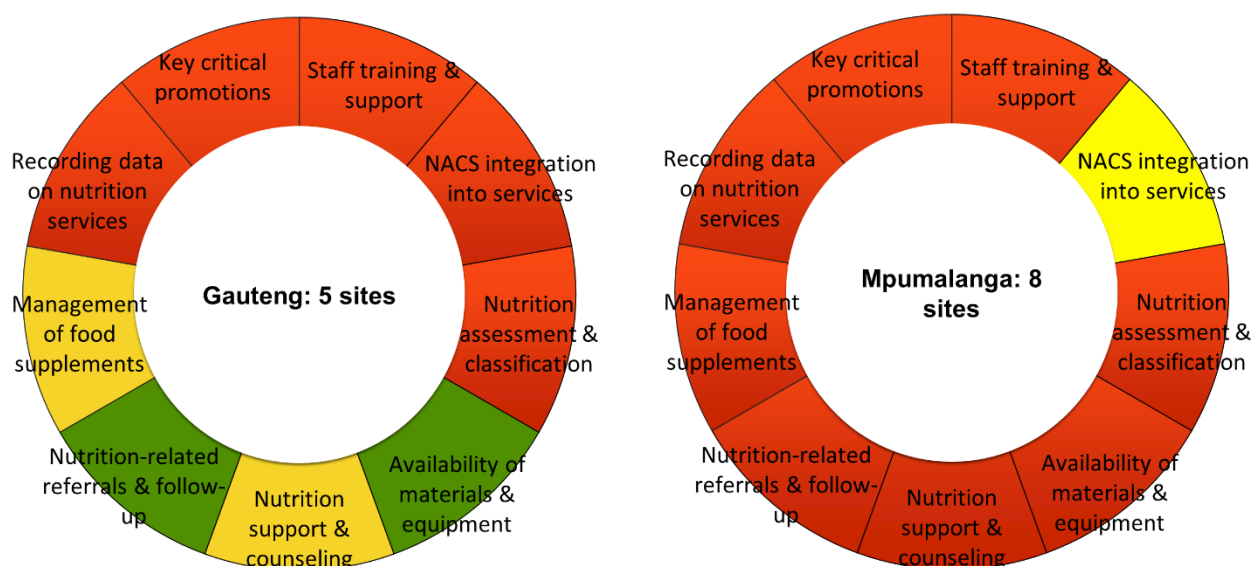
#### NACS site readiness assessments

CDS conducted 11 NACS Site Readiness Assessments in Gauteng and Mpumalanga provinces in quarter two to determine the status of nutrition service delivery. The findings of the assessments were similar to those of the 48 sites assessed in quarter one: the majority of sites do not adequately provide NACS services across most of the nine core dimensions. Findings from the assessments provide a baseline to inform CDS technical assistance and ultimately measure improvement of nutrition service provision.

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<sup>15</sup> For example, KwaMsane Clinic in KwaZulu-Natal province recorded over 4,000 follow-up clients provided nutrition assessments in one month.

## Aggregate findings of site readiness assessments in Gauteng and Mpumalanga



## Nutrition Essential Supplies

NACS site readiness assessments and SIMS reports indicate that the supported health facilities require nutrition essential supplies such as BMI wheels and MUAC tapes to provide comprehensive and accurate nutrition services.

CDS procured 100,000 MUAC tapes in the previous quarter and is in the process of distributing them to the district level. CDS also distributes materials at its trainings and during mentoring and coaching visits.

CDS is procuring 10,000 BMI wheels in response to the growing demand from the supported districts and gaps in classification noted during site visits. The BMI wheel has a user-friendly design, with color coded classification guidance on the back of the wheel. NACS is currently working on the distribution plan.



*CDS MER Officer Andrew Bayai provides mentoring and coaching on data recording and presentation at Hlabisa Gateway Clinic in uMkhanyakude, KwaZulu-Natal*



## Integration of nutrition across CDS

CDS is in the process of identifying areas of synergy and collaboration across the project to strengthen nutrition elements within other programs such as DREAMS and the SRI to maximize impact and strengthen the provision of a continuum of care in communities.

CDS presented the NACS program to its ECHS partners at the January 2016 partner workshop, including a demonstration of anthropometric measurements. Staff also revised the nutrition component of the ECHS essential package checklist based on South African policies and guidelines, as well as updated guidance on feeding infants and young children. CDS will train ECHS partners to strengthen the nutrition component of their programs in quarter three.

CDS has also identified integrated PMTCT training previously conducted by NACSCAP<sup>16</sup> as a potential resource for community health workers providing HIV prevention services.

## Lessons learned, challenges and measures to address them

- **Integration of nutrition:** Nutrition is not yet recognized as a cross-cutting factor key to the holistic management of patients, and is therefore not fully integrated into services provided at all levels of care. This is reflected in the inconsistencies in nutrition assessments, especially in adult clients, and missed opportunities due to inadequate nutrition classification. In response, CDS has developed a turnaround strategy, which includes strengthening program presence at operational level. Additional presence and visibility in the supported health facilities will reinforce CDS' investment, promoting good practice and sustainability. CDS is in the process of recruiting health facility coordinators and nutrition monitoring and reporting assistants.
- **Nutrition data collection:** There is a heavy reliance on CDS to support data collection due to inadequate integration of nutrition services at facility level and the lack of nutrition service delivery indicators in the DOH's District Health Information Systems. Consequently, nutrition service delivery data collection is paper-based and is not linked to computerized HIV and AIDS data collection systems. CDS anticipates that the turnaround strategy will assist in standardizing nutrition service provision, recording, and data collection. However, long-term sustainability and integration is dependent on adoption and ownership by the Department of Health at national and provincial levels.

CDS reinforces this ownership throughout its activities at various levels, and to date, the CDS data tool for nutrition services has been adopted for use as a Provincial

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<sup>16</sup> The NACSCAP project was implemented by FHI 360 from 2012 to 2015, and NACS activities were integrated into the CDS project.

Nutrition Register at all health facilities in Limpopo province. This register allows for documentation of nutrition services as part of daily service provision, a major limitation of the current Provincial Malnutrition Registers which only capture nutrition services provided by dietitians and nutrition advisors.

- **Staff attrition** has also limited the support CDS is able to provide, and CDS is discussing the way forward with USAID.
- CDS will further foster **district support** by attending monthly District Primary Health Care meetings to discuss nutrition activities and data.

## Component Four: Monitoring, Evaluation, Reporting and Learning

The activities of Component Four are cross-cutting, responding to all four CDS strategic objectives.

### M&E Capacity Development

#### M&E System organizational capacity assessment reports and capacity development plans

In quarter two, CDS completed the analysis and documentation of the M&E organizational capacity assessment reports and capacity development plans for its five ECHS partners. The M&E capacity assessments systemically assessed the strengths and weaknesses of the partners' M&E systems, informing the development of M&E capacity development plans tailored to the needs of each partner. The assessment is comprised of eight functional areas:

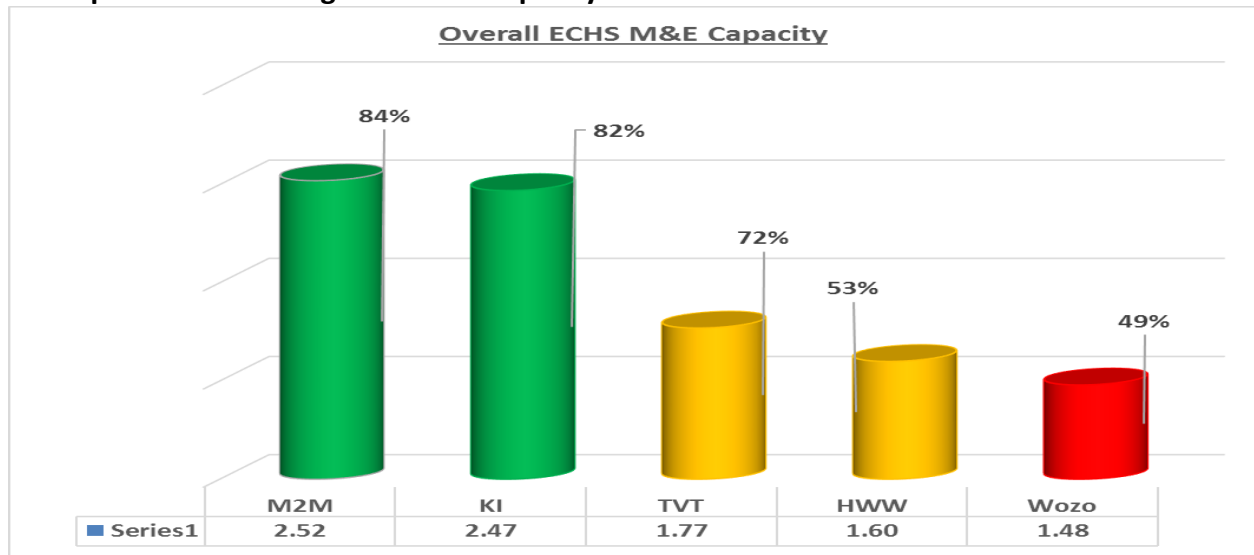
- Resources & Technical Capacity
- Plans, Guidelines & Operational Documents
- Data Collection & Management
- Data Verification and Quality Assurance System
- Data Quality Systems
- Data Analysis & Use
- Evaluation
- Alignment & Leadership

The analysis revealed that most ECHS partners need technical assistance in the areas of establishing Data Quality Systems and Alignment and Leadership. Other key findings indicate that:

- **Budgeting:** M&E budget lines are usually integrated into other budgets (rather than being specific for each project)
- **Skills mix:** Several partners lack an appropriate skills mix within their M&E teams
- **M&E orientation:** Technical program staff and new staff are not oriented on M&E, and there are no SOPs guiding the provision of M&E orientation to staff
- **Updated documents:** Partner M&E plans, performance monitoring plans, guidelines and operational documents are often not up-to-date
- **Data systems:** Data confidentiality protocols and data management systems are frequently deficient or lacking, and data verification and data quality assurance systems are often weak
- **M&E alignment and leadership:** Most partners do not align their M&E reporting systems, tools and databases to the national system, and do not report or participate at SAG-organized M&E forums.

Among the ECHS partners, mothers2mothers scored the highest in terms of M&E capacity at 84%, while Woz’obona scored the lowest at 49%.

#### ECHS partners’ M&E organizational capacity assessment scores



In response, the partners’ capacity development plans focus on addressing the weak and priority areas to establish functional M&E systems as soon as possible. Selected M&E system improvement strategies to be implemented include: conducting basic M&E and data quality management trainings, development and operationalization of standard operating procedures and data management tools, and documentation of data quality assurance procedures. In addition, CDS is facilitating alignment of partners’ M&E systems with SAG through the use of CBIMS. The capacity development plans have been shared with partners for concurrence and implementation.

#### Data quality assessments

ECHS partners submit data to CDS on a monthly basis, facilitating close monitoring and support from CDS. In quarter two, CDS visited all five partners to conduct data quality assessments (DQAs) and meet the following objectives:

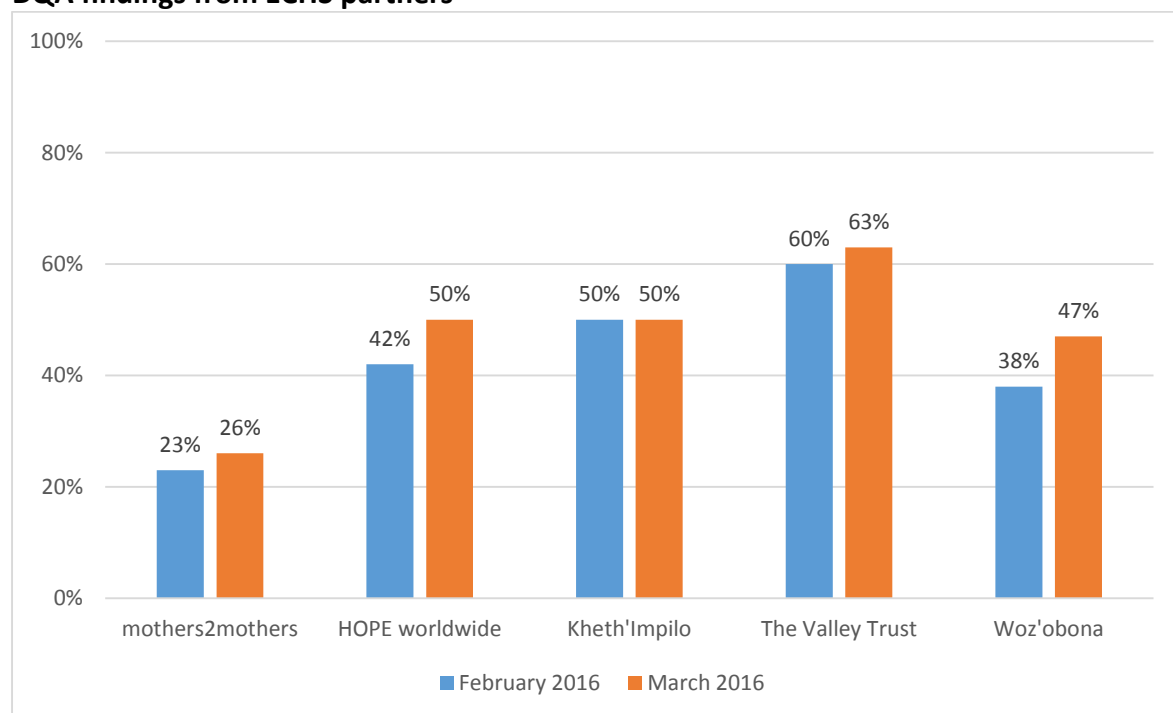
- To follow up on capacity issues and planned actions for improvement
- To conduct internal data verification
- To discuss increased targets for the next year and inclusion of new MER indicators

CDS’ approach involves applying its standardized DQA checklist and physical verification of data. CDS’ physical data verification involves three components:

- **Documentation review:** Review availability and completeness of all indicator source documents for the selected reporting period.
- **Recounting reported results:** Compare the reported numbers to numbers on the data collation tools and explain discrepancies (if any).
- **Cross-check results with other data sources:** Examine data collection tools to validate the numbers on the reporting tool/service statistics form and explain discrepancies (if any).

The DQA results for ECHS partners are a composite measure of data availability, consistency and validity. Partner performance improved slightly from the first assessment in February 2016 to the second in March 2016, possibly due to the short period between assessments. CDS will conduct re-assessments in quarter three.

#### DQA findings from ECHS partners



CDS has identified a number of cross-cutting challenges among the partners during the DQA process, which provide valuable lessons learned and inform future CDS support.

#### **ECHS partner MER challenges and CDS recommendations**

<b>Challenge</b>	<b>Recommendation/action steps</b>
<b>Data Management System</b> Three partners have a flat data management system, which makes it difficult to apply the DQA methodology during the physical verification of data.	Emphasize tool standardization for all partners in future.
<b>Human Resources</b> There is a backlog of capturing data into South Africa's national OVC reporting system (CBIMS). This is attributed to inadequate MER staffing in proportion to the workload experienced.	Partner agreements should stipulate that MER staff be 100% for a particular supported project.
<b>Organizational MER capacity</b> Lack of MER expertise has hindered the implementation of CDS recommendations for improvement by several partners.	CDS MER staff should be involved in the recruitment process for senior positions at partner organizations.

## **Research and Evaluation**

### **Use of ECHS program baseline assessment findings**

As the ECHS program enters year two of implementation, the five implementing partners used the ECHS baseline assessment findings and recommendations to inform their implementation plans for year two. Key findings included high levels of stunting among children; lack of stimulation processes for children, particularly in child-headed households; and limited interaction between caregivers and children. Progress on intervention outcomes for these areas will be reported in the next quarter.

### **Visibility and Analytics Network Technology baseline assessment**

At USAID's request, CDS is conducting a Visibility and Analytics Network (VAN) Technology baseline assessment to assess the current supply chain technology used by the DOH in order to improve the efficiency of its systems. The selected contractor, [EOH](#), will begin the assessment in April 2016, and key findings from the assessment will be available in quarter three.

## Isibindi project evaluation

CDS selected [Mott McDonald](#) as the contractor most technically capable of conducting the Isibindi project mid-term evaluation, following a thorough selection process which included the participation of four officials from the DSD. The mid-term evaluation, which will begin in April 2016, will evaluate the project's results and effectiveness in addressing its strategic objectives, and provide recommendations for improved performance.

## NACS evaluation

After three years of implementation and the merging of the NACS program into CDS, USAID and CDS identified the need for a review to assess progress and the effectiveness of the program approach. CDS is currently considering an internal review process, which would be more cost-effective while still providing a clear direction for the NACS program, including aligning the program to the UNAIDS 90-90-90 goals.

## OVC essential indicators survey

As part of its new monitoring, evaluation, and reporting (MER) guidance, PEPFAR launched a set of outcome indicators for OVC programs. These outcome indicators are designated as "essential survey indicators," meaning that PEPFAR requires countries to collect these indicators twice a year. This outcome data will support improved, evidence-informed strategic portfolio development, programming and resource allocation decisions in the ECHS program. CDS has completed an inception report in preparation for rollout of the indicators among all ECHS partners. CDS conducted a baseline survey of the nine essential indicators at Woz'obona in quarter one, and will conduct the baseline for the four remaining ECHS partners in quarter three.

## Roll-Out of CBIMS Desktop Database and the Implementation of Data Exchange with OVCY Database

In quarter two, CDS continued to provide database training and support to USAID OVCY partners as well as the ECHS partners through a contract with Rob Cairns. Progress in quarter two included:

## Updating USAID MER reporting

OVC partners were informed of new MER reporting requirements according to MER 2.0 guidelines in February 2016. These changes include:

- A change in age categories for the OVC\_SERV indicator and introduction of disaggregation that captures beneficiary status
- OVC\_ACC was removed
- OVC\_KNOWNSTAT was introduced

These changes will come into effect in October 2016. In quarter two, CDS began to re-program CBIMS to align to these changes, including:

- Readjusting the formula for calculating an active beneficiary
- Changing the age categories to match MER 2.0
- Adding OVC\_KNOWNSTAT
- Adding Health Sub-Districts to the Metro areas
- Adding the DREAMS categories to the Active Beneficiary report

### Isibindi project data import into CBIMS

CDS piloted the import of the NACCW dataset for the Isibindi project from a spreadsheet this quarter. The data was successfully imported, and the code for data importing was added to CBIMS Desktop version 3.01. This requires re-importing into the CBIMS Desktop database every month in order to preserve the global unique identifiers that the database generates when it creates a new organization, person, fund or program.<sup>17</sup> This process will be tested to ensure that duplicates are not being inadvertently generated during the import.

### ECHS support on the use of CBIMS

CDS provided several sessions of remote support this quarter. This included sessions with HOPE worldwide, which identified several bugs in the ECHS report code, such as undercounting of *Total home visitors enrolled and trained to support the ECHS program*. The code for the ECHS report was updated, as well as the ECHS partners' databases. CDS also corrected errors specific to HOPE worldwide's database: several of the ECHS services that were in its database were not mapped to a PEPFAR category, resulting in people who had received services not being counted in the active beneficiary totals.

### Support to OVCY partners

CDS supported OVCY partners Networking HIV/AIDS Community of South Africa (NACOSA) and HIVSA to rollout and use CBIMS, which contributes to providing better data at the national level on OVC programs.

CDS spent considerable time assisting NACOSA with significant changes to its program. NACOSA made an error last year in its annual reporting to DATIM, which has since been addressed. The organization's senior management have subsequently looked closely at the services, and raised a number of queries regarding performance of sub-partners. NACOSA has also completely re-categorized its partner services.

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<sup>17</sup> Global Unique Identifiers are used by CBIMS to prevent the duplication of records when importing from the desktop.



CDS supported HIVSA to implement CBIMS training for a number of community-based OVC organizations they support. Prior to this training, data was imported from various sources, which has the potential to introduce errors.

## MER activities in support of the DREAMS initiative

### DREAMS M&E system

CDS supported a range of activities in quarter two, including implementation planning processes for the effective launch of DREAMS interventions in South Africa. This included:

- Providing input into the selection of appropriate M&E indicators for measuring the DREAMS outputs and outcomes
- Supporting APS refinements and NGO selection process

These processes promote the establishment of seamless plans and a functional MER system, including the most appropriate indicators, prior to the commencement of the program.

### Male Characterization of Sexual Partners of AGYW study

In quarter two, the national DREAMS task team provided CDS with a list of nominees selected for the study's Technical Advisory Committee. CDS drafted terms of reference for the committee, and plans to engage the committee on the study's next steps, including technical and official approvals, at the inaugural meeting in quarter three in order to proceed with the first two components of the study.

### Africa Center for Population Health

CDS has identified [Africa Center for Population Health \(Africa Center\)](#) as a strategic partner to support implementation of DREAMS activities. Africa Center's long-term investment in KwaZulu-Natal province provides the organization with an extensive footprint and a high level of community buy-in. CDS anticipates that Africa Center's role will entail supporting the community engagement and entry process, and leveraging expertise for district-level planning and implementation. Specifically, Africa Center's support to DREAMS planning and implementation would involve research and scientific leadership, data sharing and analysis, and linkages to the community gatekeepers, providing infrastructure to deliver on DREAMS interventions to AGYW and their male sexual partners.

CDS supported Africa Center to develop a two-year proposal to provide support to DREAMS activities in uMkhanyakude district - specifically in Hlabisa and Mtubatuba sub-districts. At the level of the National DREAMS' Task Team, Africa Center's engagement will ensure that a

local research organization and its corresponding academic body (the University of KwaZulu-Natal) provide a significant body of evidence that will be useful in implementation design at the provincial and district/sub-district-levels.

Proposed activities include the following:

1. Facilitate DREAMS partners' preliminary community entry and engagement in UMkhanyakude District
2. Perform a technical advisory role on DREAMS initiative studies at national, provincial and district level
3. Perform and share research and data analysis products for DREAMS initiative planning, monitoring and evaluation, which includes:
  - Provision of evidence-based data to assist UMkhanyakude district in identifying priority wards for DREAMS implementation
  - Building the technical capacity of the District Health Management Team to improve the sourcing and use of data for DREAMS M&E
  - Harmonizing implementation data from partners
4. Collaborate on the Male Characterization of Sexual Partners of AGYW study, including:
  - A scoping review focusing on grey literature on male partners of AGYW in South Africa
  - Secondary analysis of Africa Center's existing data sets, including phylogenetic analysis
5. Technical assistance to UMkhanyakude District in the delivery of core DREAMS interventions

Engaging Africa Center as a local research organization with a strong footprint in the UMkhanyakude District, particularly in Hlabisa sub-district<sup>18</sup>, will offer the DREAMS initiative a unique opportunity to leverage Africa Center's expertise in the area, enhancing the impact of DREAMS core interventions in relation to what is known about the HIV response in KwaZulu-Natal. Africa Center will also be able to conduct specific implementation research that will help to improve implementation and enhance the impact of the DREAMS initiative.

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<sup>18</sup> Africa Center is headquartered in this area and has sustained over two decades of demographic and HIV surveillance systems

## Let's Talk M&E strategy

CDS will support high-quality implementation of the Let's Talk program, including monitoring, evaluation and reporting, by:

- Assisting implementing partners to develop SOPs and data quality assurance tools
- Strengthening the existing program data collection and monitoring tools such as registers, referrals, spot check forms and service delivery reporting tools
- Assisting with periodic analyses to guide program planning and improvement
- Providing support to implementing partners as they cascade the training to their sub-partners

## Knowledge Management and Communication Framework

In quarter two CDS developed a Knowledge Management and Communication Framework to support effectiveness and efficiency by supporting staff to have access to the right knowledge at the right place, at the right time. It will facilitate informed decision-making and greater collaboration for improved programming. Communicating the results of the CDS project with stakeholders, including results, lessons learned, good practices, and resources, promotes learning and sharing within the development field, ultimately maximizing USAID's investment in the project.<sup>19</sup>

Two major components of the framework are the knowledge management plan and the communication plan. CDS must identify and document learning objectives and ensure the project is gathering evidence of impact to meet these objectives. This knowledge management plan will inform the communications plan, which directs CDS in documenting and disseminating its learning.

CDS has begun implementation of the framework, including initial population of the knowledge management plan and communication plan with input from staff. CDS has also begun to improve its document storage and held an internal workshop to improve its writing and reporting capacity.

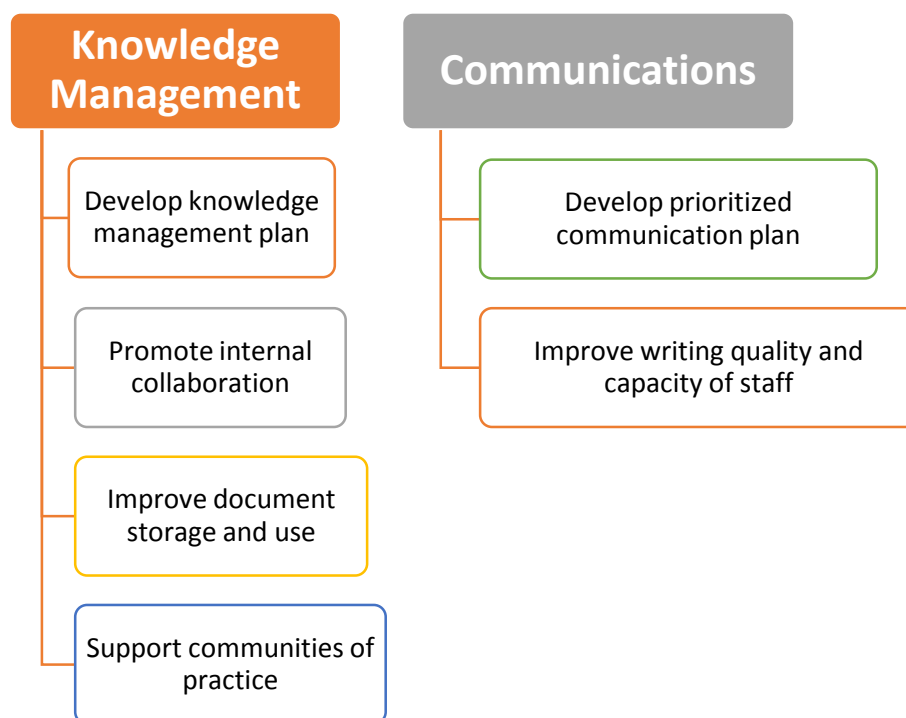
Knowledge products developed by CDS this quarter include a series of fact sheets regarding key elements of the project's work. These include:

- CDS overview
- ECHS
- Organizational development approach
- NACS
- Gender mainstreaming and integration

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<sup>19</sup> Stakeholders include USAID, partners, the development sector and project beneficiaries, among others

## CDS Knowledge Management and Communication Framework: key components



## Lessons learned, challenges and measures to address them

- **NGO MER capacity:** CDS' experience with its ECHS and other partners demonstrates inadequate capacity in MER. As CDS programs expand, taking on new sub-grantees and activities such as DREAMS MER support, CDS plans to prioritize assessing and addressing areas of weakness. It is critical for implementers to have skilled and experienced MER staff who are able to dedicate adequate time to the project. CDS will prioritize review of partner data management systems, as well as application of partner M&E plans guiding their processes.
- **Timely delivery of research and evaluation projects:** CDS is managing multiple research and evaluation projects which follow complex, time-consuming processes, such as contracting and seeking official approvals. CDS will develop comprehensive tracking tools to monitor these processes and ensure the timely delivery of research and evaluation projects.

## Activities planned for the next quarter

### Activities planned for quarter three (April to June 2016)

Project Components	Activities	Timelines (2016)
<b>Component 1: Grant Award and Management</b>	<ul style="list-style-type: none"> <li>Conduct a DREAMS APS 1 pre-submission workshop</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct kick-off meetings with new partners (NICDAM, HUMANA, EOH, HETTAS and Mott Macdonald)</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Process ECHS partners' incremental modifications and support them to meet their cost share and specific grant conditions</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Process an incremental modification for FPD for year two</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Issue a contract with Africa Center</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct pre-award assessments as and when required</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Draft new grants/contracts/consultants agreements as and when required</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct budget negotiations and pre-award assessments for new contracts and grants as and when required</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>

	Activities	Timelines (2016)
<b>Component 2: Institutional Capacity Development of Indigenous Organizations</b>	<b>Technical</b>	
	<ul style="list-style-type: none"> <li>Facilitate dissemination of the Gender Analysis findings</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Provide technical assistance to partners on mainstreaming gender into their programs</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Support TLAC in finalizing the pilot intervention and close-out of the project</li> </ul>	<ul style="list-style-type: none"> <li>May-June</li> </ul>
	<ul style="list-style-type: none"> <li>Finalize ECHS partners' year two implementation plans and budgets, incorporating the new increased targets</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Provide training on gender mainstreaming, HIV prevention and nutrition to ECHS partner management staff, and HIV prevention and case management training to home visitors, to ensure quality and consistency in service delivery across the ECHS partners</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>

Activities		Timelines (2016)
	<ul style="list-style-type: none"> <li>Support the SIMS process, including provision of technical assistance to ECHS partners to respond to SIMS outcomes</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Pilot the ECHS minimum package tool and subsequently roll it out to partners</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Finalize DREAMS APS II and conduct pre-submission workshops</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Participate in the evaluation of the DREAMS APS I applications and selection</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Participate in DREAMS consultative meetings with the South African Government</li> </ul>	<ul style="list-style-type: none"> <li>April-May</li> </ul>
	<b>Organizational Development</b>	
	<ul style="list-style-type: none"> <li>Link the DCAT to the <a href="#">CDS website</a></li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Update the DCAT content and continue with quality improvement of the tool</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Pilot the Leadership and Governance curricula with The Valley Trust and finalize content</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<b>Program Management</b>	
	<ul style="list-style-type: none"> <li>Implement a client satisfaction survey with CDS partners</li> </ul>	<ul style="list-style-type: none"> <li>May</li> </ul>
	<ul style="list-style-type: none"> <li>Provide support to service providers FPD, NICDAM and Humana in the rollout of the SRI</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Participate in the progress review with all ECHS partners and SRI service providers</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>

Project Components	Activities	Timelines (2016)
<b>Component 3A: Capacity Building Assistance to SAG</b>	<b>Management of Technical Advisors</b>	
	<ul style="list-style-type: none"> <li>Finalize the appointment and secondment of TAs on HCT, High Transmission Area and Key Populations, and Primary Health Care for the DOH</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Improve implementation of the performance management process, particularly management meetings with respective DSD, DOH &amp; National Treasury Technical Supervisors</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<b>Technical Assistance on Isibindi Project</b>	
	<ul style="list-style-type: none"> <li>Finalize the M&amp;E result framework and tools</li> </ul>	<ul style="list-style-type: none"> <li>May-June</li> </ul>
	<ul style="list-style-type: none"> <li>Coordinate the development of the status of readiness report for CBIMS rollout</li> </ul>	<ul style="list-style-type: none"> <li>May-June</li> </ul>

Project Components	Activities	Timelines (2016)
	<ul style="list-style-type: none"> <li>Coordinate the development of the rollout plan for CBIMS/M&amp;E system to provinces</li> </ul>	<ul style="list-style-type: none"> <li>May-June</li> </ul>
	<ul style="list-style-type: none"> <li>Develop a standard operating procedure for the Isibindi project</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Coordinate the finalization of the sustainability plan and the mid-term review process</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the implementation of the learning and development program plan for 2016</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Refine the stakeholder mapping concept note</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<b>Technical Assistance on ECD</b>	
	<ul style="list-style-type: none"> <li>Support finalization of training materials on the ECD Policy</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the training and capacity building on the ECD Policy in four provinces (Limpopo, North West, Eastern Cape and Northern Cape)</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Support the development of a national implementation plan for the ECD Policy</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Participate in the refinement of the guidelines for registration of ECD programs</li> </ul>	<ul style="list-style-type: none"> <li>April-May</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the review of the parenting programs</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<b>Technical Assistance on Condom programming</b>	
	<ul style="list-style-type: none"> <li>Revise the SOP on condom supply and distribution</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the revision of the curriculum on the condom program</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Collate and analyze provincial data on stock on hand, orders placed, supplier payments, outstanding payments, stock delivered and stock outstanding</li> </ul>	<ul style="list-style-type: none"> <li>April</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate the implementation of district condom distribution plans</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<b>Technical Assistance DREAMS program</b>	
	<ul style="list-style-type: none"> <li>Support provinces and districts to commence with implementation of DREAMS activities</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Support implementation of the DREAMS M&amp;E framework</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Finalize preparations for the implementation of PrEP guidelines for sex workers, and support selected sites to prepare for implementation of the guidelines</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>

Project Components	Activities	Timelines (2016)
	<ul style="list-style-type: none"> <li>• Coordinate the finalization of the National Campaign focusing on young girls and women</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Prepare for the launch of the PrEP guidelines and National Campaign focusing on AGYW</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<b>Technical Assistance on Conditional Grants</b>	
	<ul style="list-style-type: none"> <li>• Conduct a performance and expenditure review on the South African Health Products Regulatory Authority</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Improve the current performance information database</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
Project Components	Activities	Timelines (2016)
<b>Component 3B: NACS</b>	<ul style="list-style-type: none"> <li>• Conduct SIMS audits of client records</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Conduct orientation for PEPFAR partners on the integration of NACS</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Print NACS curriculum, including job aids, for distribution to districts</li> </ul>	<ul style="list-style-type: none"> <li>• June</li> </ul>
	<ul style="list-style-type: none"> <li>• Distribute nutrition essential supplies (BMI wheels and MUAC tapes) to supported health facilities</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Conduct repeat site readiness assessments of sites evaluated six months ago</li> </ul>	<ul style="list-style-type: none"> <li>• May-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Follow up on implementation of care plans for undernourished clients to gather evidence of the relationship between nutritional support and viral suppression</li> </ul>	<ul style="list-style-type: none"> <li>• June</li> </ul>
	<ul style="list-style-type: none"> <li>• Collect data against targets, including data from follow-up ART clients</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>
	<ul style="list-style-type: none"> <li>• Continue engagement with the KwaZulu-Natal Department of Health on the Phila Mntwana project, a pilot facilitating an electronic data collection system for community-level nutrition service provision, as well as strengthening nutrition referrals between health facilities and communities, promoting a continuum of care.</li> </ul>	<ul style="list-style-type: none"> <li>• April-June</li> </ul>



Project Components	Activities	Timelines (2016)
<b>Component 4: MERL</b>	<ul style="list-style-type: none"> <li>Pilot-test the M&amp;E 101 and 102 curricula and conduct the follow-up M&amp;E System organizational capacity assessments with ECHS partners</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct several rounds of DQA and assess progress, identifying areas demonstrating significant improvement, as well as those requiring ongoing support</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Present the draft tools and SOPs for the “Let’s Talk” program to key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Support the implementation of the VAN baseline assessment and Isibindi mid-term review</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct OVC essential indicators survey with four ECHS partners</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>
	<ul style="list-style-type: none"> <li>Support HIVSA to conduct another round of CBIMS training and update CBIMS Report Modules to generate MER 2.0 result tables</li> </ul>	<ul style="list-style-type: none"> <li>April-June</li> </ul>

## Success Stories

### Implementing Early Childhood Household Stimulation in KwaZulu-Natal, South Africa



*Londeka Mbambo plays with her wooden blocks*

“I have developed a passion for working with children, and now realize how important it is to build a foundation of love so they can grow into the community we want to see,” shared a community facilitator providing early childhood household stimulation under The Valley Trust (TVT), with funding from USAID through the Capacity Development and Support (CDS) project. TVT implements this program in rural KwaZulu-Natal province, which experiences high HIV prevalence as well as high rates of unemployment and poverty.

#### **What is Early Childhood Household Stimulation (ECHS)?**

“We promote child safety and well-being,” TVT community facilitators stated. “We teach caregivers the importance of engaging their children through reading books and play. It is not just for a teacher to teach a child – caregivers have an important role.”

“Caregivers are friendly and open with us, and know we are here to listen to them and give them help” they added. “After our education and support, many of them know their HIV status. They help their children with their homework now, and those who are illiterate send their children to us, and we help them after work.” Each community facilitator is responsible for 24 vulnerable households.

In addition to USAID funding to implement the program, CDS provides customized, needs-based organizational capacity development and technical support to TVT in order to implement these interventions effectively.

## **ECHS in practice: a visit to The Valley Trust**

**Cabangani Mbambo** is 48 years old and cares for three grandchildren aged 2-4 years old. “I have learned a lot, such as how to talk to the children. When I grew up, I thought you communicated with children through shouting, but now I understand that I can explain why something is wrong to a child so that he does not do it again. For example, one time one of the children picked up a stick and started poking at an open fire. I explained that little ones must avoid fire or they could be burned, and now the children don’t go near fire.”

Cabangani shared other child protection strategies she has learned, such as safe storage of medicine and scissors, and how to deal with wounds, burns and falls.

**Silindile Mbambo** has a seven-year-old boy and a five-year-old girl. She appreciates being part of the ECHS program. “I involve the children in doing chores with me because it stimulates them and is an opportunity for learning,” she noted. “When washing dishes together, I ask them to bring me the red cup or the square plate.” Silindile’s community facilitator acquired wood off-cuts from a building site, and the children now have blocks to play with. They make shapes and letters with the blocks, and design elaborate houses.

**Thoko Victoria Mkhize** cares for seven of her grandchildren and great-grandchildren aged 1-9 years. “These children are my blessing,” she said. “My neighbors ask me why it is so noisy at my house, and I explain that I am teaching the children their ancestry – they are learning the clan names and Zulu dancing.” One of the children related a traditional story conveying a message of contentment, and they all got involved in singing about their body parts and showcasing their Zulu dancing. “I am happy with the program,” Thoko stated. “I am able to share anything with my community facilitator, and she supports me.”

## **Innovative approaches to ECHS**

The ECHS program addresses six components: early childhood stimulation, health, community support, social services, parenting and caregiving, and nutrition. As of January 2016, The Valley Trust had reached 719 households with vulnerable children and caregivers in the eThekweni district of KwaZulu-Natal, South Africa.

The Valley Trust has developed several innovative practices, including:

- Establishing a community advisory committee to support and guide the program
- Integrating ECHS into its Community Integrated Management of Childhood Illnesses
- Recruiting new staff from existing beneficiaries and pairing them with experienced community facilitators
- Conducting weekly caregiver support groups
- Sharing age-appropriate books through a mobile book library
- Using local activities and resources for child stimulation; for example, wood off-cuts for blocks, household chores, and traditional stories and dancing

## A brighter future: HOPE *worldwide* South Africa delivers Early Childhood Stimulation



*HOPE worldwide SA home visitors working in Zandspruit in Gauteng province, South Africa, and CDS staff*

Zandspruit and Diepsloot are informal settlements on the outskirts of Johannesburg in South Africa. These areas have high population density and high rates of poverty and HIV, with large numbers of migrant residents. They experience inadequate access to basic services, including healthcare, education, and water and sanitation.

Civil society organization HOPE *worldwide* South Africa (SA) is working to addressing some of these challenges by providing early childhood household stimulation to vulnerable families with funding from USAID through the Capacity Development and Support (CDS) project. Through this program, HOPE *worldwide* SA promotes caregiver-child bonding and stimulation, with a focus on children aged 0-5 years. The organization uses rigorous, evidence-based tools to provide comprehensive, needs-based support to beneficiaries. These include the internationally-recognized Ages and Stages Questionnaire, caregiver stress tests, nutrition assessments, and well-being assessments for both caregivers and children.

The Early Childhood Household Stimulation (ECHS) program is delivered through home visitors who work directly with caregivers and children to address six components: early childhood stimulation, health, community support, social services, parenting and caregiving, and nutrition. In addition to USAID funding to implement the program, CDS provides customized, needs-based organizational capacity development and technical support to HOPE *worldwide* SA to implement the interventions effectively.

HOPE *worldwide* SA has developed several innovative practices, including:

- Conducting regular health drives to promote HIV testing and TB screening
- Establishing a male caregiver support group
- Emphasizing relationships and trust with beneficiaries

### **ECHS in practice: a visit to HOPE *worldwide* SA**

**Thandekile Sibanda** cares for three grandchildren aged 5, 7, and 11 years. Thandekile moved to South Africa from Zimbabwe many years ago, and her grandchildren joined her when their mother died. She would love to send five-year-old Nombulelo to preschool, but doesn't have money for the fees. Her involvement in the ECHS program has given her new hope for Nombulelo's future. "I want to see her continue to grow and learn," Thandekile shared. The children now have new shoes to wear to school, the result of a partnership between TOMS Shoes and CDS.

HOPE *worldwide* SA home visitor Nomsa, a previous beneficiary of the program, conducted the Ages and Stages Questionnaire with Nombulelo, assessing her gross and fine motor skills, as well as comprehension and other abilities. Nombulelo was cheerful and active, obediently skipping on one foot, clapping her hands, running, throwing a ball, and answering questions related to the relative size of various objects in her yard.



Thandekile Sibanda and her granddaughter Nombulelo

**Sibongile Nkadameng** is 24 years old and has a four-year-old boy and 18-month-old girl. Sibongile's own mother died when she was young, and she was never issued a South African identity document, which is essential to access employment and other services. After a first referral attempt failed, home visitor Tshegofatso accompanied Sibongile to apply for her identity document. Sibongile "couldn't stop crying" when she received the notice that her identity document was being processed.

"I am grateful to HOPE *worldwide* for their support. Tshegofatso gave me new hope and energy to try again for my identity document," Sibongile stated. "I have learned a lot, especially about how to treat my children. I was always shouting at them before because I was stressed and didn't have a job. Now I speak calmly, and my son Kagiso listens to me. They respond much better." Sibongile plans to apply for her children's birth certificates once she has her identity document.

### **Upcoming plans**

HOPE *worldwide* SA plans to begin a book and toy library, and conduct a toy-making workshop with its caregivers to increase access to inexpensive and locally-available materials to stimulate children at home.



Sibongile Nkadameng and her two children